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## ON SUICIDE:

A LECTURE DELIVERED BEFORE THE STUDENTS OF COLUMBIA COLLEGE.

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GENTLEMEN: The connection between mental and physical phenomena—their mutual relation and inter-dependence, and the influence, whether single or joint, exercised by them upon the moral affections, renders it necessary to investigate all problems relating to the passions, by the light of physiology, as well as of ethics. Human conduct is not always the exponent of human character; it is not always, even, the reflection of human reason, because reason and action are not necessarily related, nor do they invariably stand in the order of cause and effect to each other. Original instincts, however much they may be modified by intellectual culture, or repressed by circumstances forbidding their expression, are rarely, if ever, entirely eradicated. "Nature," says Bacon, "is often hidden, sometimes overcome, seldom extinguished. Force maketh nature more violent in return; doctrine and discourse maketh nature less importune, but custom only doth alter and subdue nature." Instincts, therefore, are the instruments by which the great and ever-controlling laws of self-preservation and perpetuation, reveal their ascendancy in

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the human system. They constitute, in fact, the chief springs to action, and are, in connection with temperament, the greatest modifiers of character.

In support of this assertion may be cited the well-known laws of hereditary transmission, by whose silent, insidious and inevitable operations, ancestral instincts are bequeathed to offspring, so that, by the phenomenon of atavism, the grandsire, long forgotten, reproduces himself in form and character in the person of a second descendant, and may be said to look out of his eyes. There is this curious anomaly, however, in the transmission of moral traits, that if the parent's instincts were healthy or good, in the ethical sense, the offspring's will not necessarily be as good, while on the contrary, if bad, the child's will usually exhibit a precocious tendency to evil, in addition to the increased deformity in mental, if not physical constitution, inherited from an ill-disciplined ancestry. Thus the children of drunkards, libertines, or criminals grown old in vice, are not simply predisposed to repeat the habits of their parents, but in addition, are most usually marked with such labels of constitutional impairment as scrofula, imbecility, deafness, or idiocy. While, therefore, the morally healthy beget only negatively good offspring, the morally unhealthy, on the other hand, beget offspring actively predisposed to disease both of the mind and body; and inasmuch as the natural tendency of man is towards self-gratification and evil, and if left to his uncurbed instincts he becomes selfish and brutal, so it is only by guiding those instincts in conformity to the teachings of the moral law, that the true intent of our creation can best be answered.

In either extreme of asceticism or sensuality, man alike offends against Nature's laws, nor does she fail to brand him, or his offspring, with the unmistakable signs of her high displeasure. Happiness, too, is so indissolubly associated with a harmonious cultivation of these laws, that it is never found outside of their circle. *Point de bonheur pour l'homme en dehors des lois de sa constitution*, is the saying of one of the wisest of modern philosophers; and as the expression of a



self-evident truth deserves a high place in the Book of Wisdom. Of one thing we may be sure: that every life is so inwoven into the grand fabric of social order and morality, as to be unable to divorce itself, at will, from the consequences of its own conduct. It is both self-compelled, as well as compelling, and will in time succumb to whatever influences it has most sedulously cultivated. If good, then by affiliation with all good things around, we are drawn upwards, out of the grovelling instincts that inurn us, and into a more perfect being: if bad, then we float upon a Stygian lake, dwarfed in our nature, and deformed; a sort of moral Dagon, with only half the attributes of manhood. And, in proportion as these self-generated, poisonous influences, assail our mental or moral nature, will they degrade our humanity, lower our self-respect, debase our aspirations, and obscure our conceptions of duty.

The act of suicide, or self-murder, (*suum caedes*), termed at common law, felony against one's own person, is a very striking manifestation of a mental condition which, although in palpable violation of natural instincts, and in complete divergence from that of the majority of mankind, is yet, not necessarily a condition of disease. The fact of suicide should not *per se* be accepted as *prima facie* evidence of insanity; because, it is not always preceded, or accompanied by such manifestations of intellectual impairment as constitute the generally-received symptoms of this disorder. We can imagine, it is true, the possibility of a mental disease so delicate and shadowy in its various stages of incubation, as to elude the eye of the most prying investigator, until it perfects its development in one single, explosive act, destroying its victim. The delirium of fever, suddenly terminating in suicide, without any premonitory tendency to awaken suspicion, is a good illustration of this. All delirious patients do not attempt suicide, or even desire to; and the question may therefore be asked, when, and after having passed through what stages of delirium, the suicidal tendency first develops itself? Is it consentaneous with the act, or does it precede it long enough to be made the subject of thought and meditation?

These self-raised questions of the imagination, while they serve to afford conjectures, and to gratify mental vanity, by attempting to synthetize acts which we can not analyze, should never be allowed to usurp the place of principles; for these rest upon proofs, and are susceptible of demonstration at all times; those are founded upon hypothesis, and furnish us no indubitable conclusions. It is best therefore to consider suicide as subject to the ordinary laws of causation, and to explain it by no other reasons or motives than we can take cognizance of and logically investigate. Wherever else beyond this we venture, we shall only find ourselves roaming in a region of mist and rolling clouds.

In all ages suicide has been made the subject of philosophic and speculative investigation; and in all ages men have disputed, and divided themselves upon the question of its originating cause, no less than upon that of its innocence or criminality. Some have even gone further, and argued for its justification. So far as the sources of its origin are concerned, this problem has shared the fate of all investigations in the domain of mental pathology; and has been consequently enveloped in a haze of mysticism, where positive reason gave way to conjecture, and idle conceits, founded in popular prejudices, have usurped, even in the greatest minds, the place of rational deductions. Thus the error of the philosophic Montesquieu in ascribing to the *climate* of Great Britain the frequency of suicide, has been constantly repeated and perpetuated, until the world has long since come to regard England as the classic land of suicide. And even the poet Young, who should have known better, bewails this national proclivity in his Night Thoughts, exclaiming,

—— Oh Britain! infamous for suicide!

As a fact, Montesquieu committed two grave errors in his statement; the first as to the tendency to suicide; and the second as to the part played by the climate in its production. Statistics conclusively show that, with a more brilliant and sunny clime, and more national gaiety of nature, the population of France far over-peers England in the annual rate of its

suicides. Nowhere is suicide more common, nowhere has it assumed such gigantic proportions in mortuary tables as in France.\* The inference is unavoidable. Climate has no direct part in its production; or, if it has, then dull and gloomy weather rather retards than accelerates its development; for, as recorded facts show, suicides are most common in the months of May and June—the season of buds and blossoms, and when all nature smiles; and least common in November and December, when sombre hues, stark, leafless trees and leaden skies, sadden the landscape. Thus error, long chaining the human mind in self-imposed fetters, is giving way before the torch of science, and popular prejudices are being dispelled under our new dispensation, precisely as in the gorgeous fresco of Guido, in the Vatican, the shades of Chaos and ancient Night are seen flying before the approaching chariot of the Sun.

It is difficult to consider the subject of suicide at any length, without envisaging more or less its ethical aspects, and were we not limited to the hour before us, or could our tastes alone be consulted, this side of the question would, of itself, justify an extended commentary, and amply repay us for investigating it. Nevertheless, we can not even cursorily review its history, or follow the increasing progress which it has made with civilization—keeping pace in a singular parallelism with the development of the human mind—we can not even scan it this much without touching somewhat upon its moral aspects. To ignore these would be to condemn the legislation both of church and state as puerile and mischievous; and to throw open the doors to materialism and irreligion. The part it has played in ancient, dogmatic philosophy; the consideration it has received by the greatest minds of antiquity, both Christian as well as Pagan—the Fathers themselves not excepted, requires of us in passing some little notice and attention. That which Cato, Seneca, Plato,

\* Guerry, *Essai sur la statistique morale de la France*—where it is shown that the number of suicides increases in proportion as we approach Paris or Marseilles. Query.—Is there not a moral contagion born of gregariousness?

Epicurus, Epictetus and Cicero have so eloquently dilated upon, and at such great length; that which held captive the educated mind of Greece and Rome, and caused men to seek death with a composure rarely equalled by those living under the superior light of Revelation; that which even the Fathers, Porphyry, St. Augustine and St. Chrysostom deemed worthy of attack by their inspired pens, can not have been a mere social trifle, airy and inconsequential, but something of sufficient moment to the eternal welfare of the race, to enlist their keenest zeal in its discussion.

Suicide was at one time, *par excellence*, the Roman death; the cheap, ever ready viaticum through whose instrumentality the weary, sated, debauchee, losing the support of royal patronage and favor; the disappointed politician who had failed to carry his point in the Comitia; or the unsuccessful general who had forfeited the Senate's favor, might each and all escape dishonor, or a violent death. Whether believing or not, in the soul's immortality, this mode of easy transit from life to death was looked upon as a sure and immediate relief from persecution and opprobrium. As life without honor has ever been considered valueless, so the Roman, losing his former distinction, whether social, whether political, thought that it became him to die, rather than endure the mortification of wounded pride. And so generally was this conviction engrafted upon the popular sentiment of the day, that even legislators were found proclaiming the stoical doctrine of "*Mori licet cui vivere non placet.*" Monstrous as was this doctrine, it did not lack converts or defenders, and so common was suicide, so fashionable among all classes, under the most trivial and insignificant trials, that Martial condemns it in one of his epigrams as essentially *vulgar* and undignified.

"Rebus in adversis facile est contemnere vitam;  
Fortius ille facit, qui mises esse potest."

The moral idea of suicide inculcated by the Platonic philosophy was that of an act of relative, not absolute, wrong. Life being intended by the Creator as a *good* to man, all its conditions, according to the stoics, should act as harmonious

instruments to this end. Whatever is done, or sought for, however remotely, is desired as a good: all action has, properly, no other end than this. It is the sum and substance, the alpha and omega of life, and the moving consideration in every effort. *Quidquid petitur, petitur sub specie boni.* Whenever, therefore, any impediment to this end exists, of a permanent and incurable character, the object of life is frustrated, and its individual possessor freed from the obligation of continuing an existence which, like a broken instrument, can no longer accomplish the purpose of its creation. In other words the obligation to live ceases with the pleasure of living. Accordingly, under misfortune, poverty, or disgrace, it was lawful for the sufferer to take his own life, as being to him practically valueless. But if the suicide arose from timidity, then and then only was it wrong. "He is a coward," says Seneca, "who dies rather than suffer; he is a fool who lives for the sake of suffering." (Ep. lviii.) Even here, however, the wrong was not esteemed a *malum in se*, a violation of the Divine law, but simply a wrong to the state, which thereby lost a citizen and defender of its soil.

The disciples of Carneades, or as they are termed the Neo-Platonists, carried this doctrine much farther, while the philosophic Seneca is its open and avowed panegyrist. His epistles are thoroughly tinctured with the spirit of the new-Academicians, and he glorifies suicide as one of the beneficent means granted us by the Deity to abridge our sufferings. It is not surprising, therefore, to find him uttering the following language: "*Dicam quod sentiam; fortiozem eum esse qui in ipsa morte est, quam qui circa mortem est. Mors enim admota etiam imperitis animum dedit, non vitandi inevitabilia. At illa, quae in propinquo tantum est utique ventura, desiderat lentam animi firmitatem, quae est rarior nec potest nisi a sapiente praestari.*" (Ep. xxx.) Cicero was a disciple of this school, and in his letters to Atticus and other friends, often counsels with them upon the expediency of suicide. The well known pusillanimity of character exhibited by Tully, negatives all presumption that he ever contemplated self-destruction, and his lucubrations upon it are more in the



nature of rhetorical compositions, than of earnest meditations upon its applicability to his own case. The conference between Brutus and Cassius on the eve of the battle of Philippi, as related by Plutarch in his life of the former, furnishes us with a very thorough exposé of the Neo-Academic doctrines upon the subject of suicide. Having cast their all upon the fate of the morrow, they both agreed that the loss of the battle should be construed into a disapprobation of the *Dea Victrix*, whose enmity to them, as shown by such a disaster, they could never hope to escape upon earth; and therefore, that it became them to die by their own hands rather than grace the triumph of their conqueror. The sequel is known. The "last of the Romans" fell by his own hands, a consistent martyr to the philosophy of Zeno.

It was precisely the same train of argument which led the unrelenting Cato, whose death even Cæsar envied, and Horace pronounced noble, to seal his doom with his own hands. Despising the proffered clemency of Cæsar, whom, perhaps, he knew too well to confide in; and true to the teachings of the Academy, he resolutely embraced death as the last avenue of escape from disgrace. Addison, in his tragedy of Cato, has pronounced, in the soliloquy of the dying hero, one of the most magnificent apostrophes to the soul, and one of the most truthful unfoldings of the "divine philosophy" of Plato, which has ever been penned. No poet either ancient or modern has ever risen to sublimer heights of ideality, or painted, as with the searching impress of the sunbeam, the inner chambers of our immortal being. The whole scene is typical of the departure of a hero from the battle-field of life. Misguided he doubtless was by a philosophy so specious and captivating, as to have transfused its esoteric influences throughout his spiritual nature, so that mind and soul were alike infected by the dews of its leprous distilment. He worshipped the "idol of the tribe" to which he belonged—bowed himself to its stern teachings, and poured upon its altar the rich libation of his own blood. Unvanquished, unmoved—without a doubt, he passed out of this sublunary cloud-land with true Homeric grandeur:

"Like one, who, dying vanquished on the field,  
With rebel will, writes Victory on his shield."

The great censor having first taken leave of his friends, and retired to the privacy of his own tent, there soliloquizes upon the longings of the spirit, expressing his convictions of the hopefulness of death, and the speedy benefit to the soul which is to follow its disenthralment from the body.

"It must be so—Plato thou reasonest well.  
Else whence this pleasing Hope—this fond desire—  
This longing after immortality?  
Or whence this secret dread and inward horror  
Of falling into naught? Why shrinks the soul  
Back on herself, and startles at destruction?  
'T is the Divinity that stirs within us—  
'T is Heaven itself that points out an hereafter,  
And intimates eternity to man!  
Eternity—thou pleasing, dreadful thought!  
Through what variety of untried being,  
Through what new scenes and changes must we pass?  
The wide, th' unbounded prospect lies before me—  
But shadows, clouds and darkness rest upon it.  
Here will I hold. If there 's a power above us—  
(And that there is, all Nature cries aloud  
Through all her works) he must delight in virtue.  
And that which he delights in, must be happy.  
But when—or where? This world was made for Cæsar.  
I'm weary of conjectures. This must end 'em. (Stabs himself)

\* \* \* \* \*

Thus am I doubly armed—my death and life—  
My bane and antidote are both before me.  
This, in a moment, brings me to an end.  
But *this*, informs me, *I shall never die!*  
The soul, secured in her existence, smiles  
At the drawn dagger, and defies its point.  
The stars shall fade away—the sun himself  
Grow dim with age, and nature sink in years.  
But thou shalt flourish in immortal youth,  
Unhurt amidst the war of elements,  
The wrecks of matter, and the crush of worlds."

In the midst of the terrible fascination of the doctrine of suicide as accepted and practiced by the great minds of antiquity, it is refreshing to behold true moral sentiment still opposing itself to the encroachments of this philosophic delu-

sion. If Plato and Seneca are its advocates and apologists, Pythagoras, Socrates, Plotinus and Macrobius are its antagonists, and fearless assailants. Among the Fathers of the Church there is unanimity in its condemnation, although Ambrose, Jerome and Chrysostom are disposed to excuse it in the single instance of threatened chastity, and therefore praise the conduct of certain saintly women of Antioch, who threw themselves from lofty places in order to escape dishonor. St. Augustine, with a sturdier and more uncompromising nature, makes no exception even in favor of these female saints, but condemns their conduct as reprehensible. And in one of his epistles to Dulcitium disposes of the whole subject in one line, pregnant with practical significance. "*Qui sibi nequeat, cui bonus?*" Bishop Warburton, in his Divine Legation, has examined the doctrine of suicide as obtaining among the ancients, at great length, and has even criticised the death of Samson, as in some degree criminal. But his criticism in this respect has with great propriety been dissented from by all subsequent ethical writers. As between the strong man of Gaza and King Ahithophel, all moralists are agreed in considering the latter only as the true, sinful suicide; while the former, in compassing his own destruction, in order to exterminate the Philistines, was doing what he conceived to be God's will, and his duty to his country. Samson was no more a suicide than the soldier who stands his ground on the battle-field, knowing all the time that death is hovering about him. And, although he may be said to incur its risk, he can not be charged with inviting its assault. But in the case of Ahithophel the Scriptures describe the act as done with coolness and premeditation. "And when Ahithophel saw that his counsel was not followed, he saddled his ass, and arose and gat him home to his house, to his city, and put his household in order and hanged himself and died, and was buried in the sepulchre of his father." (2 Sam. xvii. 23.) This, one of the most cowardly of suicides, was the offspring of wounded pride and mortification; and that of King Saul, who, sorely wounded on the bloody field of Gilboa, and with only a few hours to live, yet threw him-

self upon his sword, in order that the "uncircumcised might not thrust him through nor *abuse* him," (1 Sam. xxxi. 4.) was an act of disgraceful pusillanimity. The traitor Judas can hardly be viewed in the light of an ordinary suicide, for the imperative of self-destruction appears to have been put upon him from the very moment of his betrayal of our Lord, in fulfilment of prophecy contained in the Psalms. (lxix. 28; cix. 7, 8.)

Under the rationalistic tendencies of pagan philosophy, it is not surprising that suicide should have been elevated to the dignity almost of one of the Fine Arts, and placed among those accomplishments which only the wealthy, the educated and the refined had a right to aspire to. The poor Parthian, dragged from the shores of the Palus Mæotis to grace the triumph of a Roman consul, and compelled as a Gladiator to sacrifice his life for the entertainment of a blood-thirsty populace, exhibits more true courage than does the morbid philosopher who, opening the veins in his ankles, allows life to ebb away, in the midst of applauding friends and flatterers, while he is discoursing upon "fixed fate, free-will, foreknowledge absolute." The one knew that captivity inevitably doomed him to die as a prey to wild beasts; and his *moriturus te salutat* addressed to the presiding Cæsar tells but too well the convictions of his mind. Yet he struggles manfully, heroically against his doom, for little does it matter that he should bend the knee, or raise the hand of supplication before that iron face, which Moloch-like looks all unmoved upon his bitter throes; and hence he dies, disputing every inch of life, and only when failing strength enables him to resist no longer. Such is human nature everywhere, when unmodified by education, social position, or conventional tyranny. Love of life is inherent in all creatures. It is man alone, the divinely intelligent being, made in the image of his Creator, and looking of right to a future of immortality, who violates this canon of nature. And how much of this forgetfulness of duty to God, is due to contact with such sources of social contamination as exist only in civilized life, and how much these sources of woes innumerable tend to increase, as statis-

ties inferentially prove, it will be my purpose and aim to endeavor to explain. In doing this we shall constantly be met by those obstacles to precise investigation which ever lie in the pathway of psychological inquiries. It is vain to attempt to unravel all the threads of human conduct, nor, while living on "this isthmus of a middle state," did the Creator intend that we should track knowledge through her secret lodes up to her infinite sources. For, the essence of men's motives, whatever those motives may be, is a quality, or condition of their spirituality, far too subtle for human reason to penetrate. Providence alone can read the secret springs that underlie men's actions. Let it suffice for us to paint those actions as they appear at the surface, nor impiously seek to penetrate within the innermost recesses of the soul.

Suicide, when considered as a disease of our mental nature, may be classified into two divisions. The first, or involuntary kind, being that which springs from maniacal impulse, as in the delirium of fever; the second, such as is the offspring of delusion, either suddenly, and without premonitory symptoms, driving its victim to an untoward end; or such as results from habitual premeditation upon the subject, indicating a long incubation of the malady. For obvious reasons it will be seen that acute, or sudden suicide, born of the delirium of fever, or even mania, presents but a small field for observation or study. Suddenly developed, suddenly accomplishing its fatal mission, the act has not yet sufficiently acquired the character of a tendency or propensity to make its cause the subject of profitable investigation. Why one man in a delirium should be profane or obscene, or why another should leap from a house-top, or into a river, are incidents in mental derangement which no philosophy can explain. The very suddenness of the act takes it out of the category of a human judgment deduced from antecedent reflection, and we are compelled to confess our ignorance of the secret cause which gives the suicidal bent to one delirious patient, and the tendency to profanity to another. To know more we must first be more, for there are limits to human knowledge in all



directions, and he who pursues any subject to its postulates will find that, sooner or later, all things go out into mystery.

It is, therefore, only with suicide resulting from a chronic tendency, a long premeditation, a well marked propensity, ascribable either to hereditary transmission, or to an acquired disposition, that we can satisfactorily occupy ourselves during this short hour. And, inasmuch as you are not interested in the therapeutics of insanity, but limit yourselves alone to its causes, and the detection of their results, we need not pause to consider symptoms with relation either to their duration or prognosis. The mental condition which is here designed to be brought under the light of investigation is, outside even of pathological indications, within the legitimate scope of your inquiries; and as both the canon and the statute law have made it a subject of legislation, we can not well exclude it from the purview of our course of study.

Observations show that the question of temperament enters quite extensively into the problem of suicide. While the sanguine and plethoric are predisposed to diseases of accelerated circulation, like mania, and may, and often do commit acts of sudden frenzy, either against others, or themselves, the nervous, bilious, and lymphatic temperaments are those in whom the predisposition to suicide most usually assumes the chronic and inveterate form. In them the morbid tendency seems easily awakened and of difficult eradication; and when slumbering as a predisposition, hereditarily transmitted, requires but a slight exciting cause to develop itself, into the full-blown malady. So potent in fact is the influence of hereditary transmission in the production of suicide, that not less than *one-sixth* of all recorded cases have been directly traced to this source. In the majority of cases of suicide among children, and where the mind can not be supposed sufficiently mature to be acted upon by remorse, despair, overpowering anguish or any of the depressing passions which, later in life, rule it with such tyrannical sway, to what cause so much as hereditary transmission can we ascribe the predisposition to the dismal act? Is it at all likely that the mind of childhood, not yet competent to deal with the

simplest problems of elementary investigation, can yet dispose of and put aside the greater law of self-love, and successfully resist its strong instincts which, at this golden season make life particularly enchanting? To admit this as possible, is to accord to immaturity a power of ratiocination belonging only to adult age. Difficult as it doubtless is to fathom the depths of the human heart, and profitless to speculate upon what we know is inexplicable, it is charity to believe that the pure heart of infancy can yield to the temptation of suicide only because hereditarily predisposed to it, and thus weakened in that love of life originally implanted in every human bosom. We can conceive that, in children, the power of such a predisposition may rise almost to the imperious character of an instinct, and act antecedent to all operations of reason.

Nervous temperaments, as a general rule, are those upon which the law of hereditary transmission most deeply impresses its seal; and when a child of this organization inherits the suicidal predisposition, he becomes doubly exposed to the chances of repeating the final act of his ancestor. Thus it would seem that in each human being there is a quasi-abridgment of moral freedom, founded upon inherited tendencies, which, throughout life pursue him with more or less vigor, more or less success, according as he early and persistently combats their insidious influences. The dictator behind every variety of human character may be the temperament, or not, just as sages and sophists dispute; but the existence and power of that sleepless master none can deny. Wherever we go and whatever we do, he shares and colors both thought and act as a part of our inner nature; nor can we free ourselves from him—any more than the journeying earth from its enveloping atmosphere—while we are enclosed within “this muddy vesture of decay.” So subtle, however, is the dire tendency to evil, which thus enslaves the mind from earliest age, and leads it to suicide, that seldom does any thing externally indicate its existence, or prepare us by anticipation for its discovery in childhood. And, in the absence of all knowledge of a person’s ancestry, it is impossible to conjecture from any physical traits revealed through, either the

shape or size of the head—the physiognomy—or the condition of the large organs—whether or not this morbid imminence be slumbering in him.

The next form of suicidal tendency which presents itself to our observation is that of the *self-generated* or *acquired*, the result of depravation of the intellectual faculties. This depravation may manifest itself chiefly as a monomania, not constantly present, but having its periods of afflux and reflux, during which it subsides into the form simply of exaggerated eccentricity. In reality, however, exaggerated eccentricity is not compatible with perfect mental health, any more than scrofula is with perfect physical health. In the case of the latter we know as a fact, that its subject, although able to eat, sleep and digest, is still under the permanent influence of a constitutionally-disturbing cause. The edifice may crumble in a moment from weakness within, however much its external appearance may indicate harmony of proportion and architectural completeness; for, its foundation is of sand, or porous material, void of cohesive attraction and force. In the mind, in like manner, manifestations of exaggerated eccentricity are always to be looked upon with suspicion. They may not actually indicate present insanity, but they always do its impending approach, and constitute in fact its earliest exponents. They show very plainly that the coördinating faculty which bridges the space between reflection and the will is weakened; that reason and unreason are assuming a similar complexion to the eye of the mind, and that it is permitting itself to walk indifferently, and in public, with either, through a gradual lowering of its self-conscious dignity. It is like that of a master falling from the fellowship of his own high caste to that of the menials about him. To the majority of men the person may and does appear sane enough, may faithfully and cautiously transact his business, make shrewd bargains and the like, and yet to his family, and those who know him best, present certain indications of mental obliquity which are just noticeable enough to excite remark, without at the same time awakening apprehension. His character has undergone some visible change; a species

of typhus seems to attack it periodically, so that he wraps himself up in a mantle of introspection, which temporarily withers all the rootlets of sympathy by which he is united to others. Oblivious of all external relations he passes these seasons of mental eclipse concentrated within himself, and whether sitting moodily in doors, or wandering abroad in aimless directions, he is still engaged in consuming his own heart :

"He makes his heart a prey to black despair;  
\* \* \* \* \* has no use  
Of any thing but thought; or if he talks,  
'T is to himself."

It is because melancholia is generally of a remittent character, that it so often creeps on unobserved, or unduly appreciated in its consequences by those around. It is, in fact, so difficult for us to conceive of mental infirmity unassociated with strong manifestations of aberration, that, as in the case of relatives, whom we do not wish to believe are so, we often overlook slight symptoms, although reason may all the while be warning us that something unusual is going on, and their very actions indicate a change in their former modes of thought, conduct and feeling. But shutting our eyes against a truth does not necessarily destroy its existence. It still remains cogent as ever to rebuke the unbeliever. And when, in particular, that truth concerns mental health, then, those whose duty it was to sound the first note of alarm on discovering its impairment, have much to answer for by their neglect. In the majority of instances full and ample warning is given of the tendency to suicide, not always *eo nomine*, but by those moody, melancholy fits, and that periodic abstraction of manner, transcending in duration and intensity all mere ordinary self-introspection, which regularly attacks its subject, without apparent adequate cause. In a state of perfect mental health a person absorbed however deeply in reflection, may be easily roused, precisely as from sleep, by a slight disturbing cause; and in order to resume his previous condition must make a deliberate effort. But in self-abstraction, indicating disease, the fetters of the mind are with difficulty sun-

dered, and no sooner is the subject left to himself than he forges them anew, resisting all attempts made to free him from the enveloping enchantment. Neither persuasion, nor prayers, bribes nor threats can move his stern impassiveness, or melt the rigid features into which his mind has petrified itself. He is, as it were, in the palace of an enchantress, and debarred all communion and sympathy with mortals outside. Such is the baleful spell which the malignant breath of melancholy casts over the human mind. Let the first signals of its approach never be disregarded, for they are always evidence of great disturbances in the intellectual centres.

But the immediate psychological causes to which the suicidal tendency can most justly be ascribed, are to be found in exaggerations either of the *expansive* or *depressive* passions. In the former category are love, joy, ambition; in the latter, grief, fear, envy and hatred, terminating in remorse and despair. As will naturally be inferred, the noble, or expansive passions do not commonly lead men to self-destruction; and statistics accordingly show that few, very few suicides are ascribable to their influence. Where one suicide springs from sudden joy, or suddenly gratified ambition, fifty spring from grief, fear, remorse, or despair. For, as our intuitions teach us, the noble passions were bestowed to lift mankind out of animal nature, and to lead them into that higher sphere of intellectual excellence, which gives a foretaste of the divinity that stirs within us. Our dual existence tends naturally to gravitate towards the earth, and to succumb to the irresistible dictation of the animal within, who is ever reasserting himself through sex and digestion. We should be dragged down into the prison-house of sense, with its foul, pestilent atmosphere, and made to reflect the quadruped attributes of its population, but for those noble compensating passions which, like Vestal virgins, tend the spiritual fires within us. We require no Socratic argument to prove the justice of an assertion, whose truth is everywhere acknowledged in the trite experience of the world. No man who has ever felt the glow and inward satisfaction of an honest ambition, when accomplishing its ends virtuously, can have



doubted the purpose for which Providence implanted this passion in our bosoms.

It is, therefore, not with the expansive, or life-sustaining, but with the depressive passions, alone, that we shall have to concern ourselves, in considering the causes which tend to develop the fatal disposition to suicide. Starting with the moral axiom that love of life is an inherent quality of the human heart; that it subordinates all other instincts to itself, and modifies, as well as stimulates our desires in every condition of our existence, from youth to hoary age, we shall now proceed to investigate some of the more patent causes which operate to dethrone it as a ruling principle, to bring it under subjection to other and inferior passions, and lastly to extinguish it altogether.

Lord Bacon, in his *Essay on Death*, observes, "that there is no passion in the mind of man so weak but it mates and masters the fear of death; and therefore death is no such terrible enemy, when a man hath so many attendants about him that can win the combat of him. Revenge triumphs over death;—love slights it;—honor aspireth to it;—grief flieth to it;—fear preoccupieth it; nay, we read, after Otho the Emperor had slain himself, pity (which is the tenderest of affections,) provoked many to die out of mere compassion to their sovereign." These truisms, which the father of modern philosophy has so well enunciated, have been daily verified throughout the civilized world. There seems to be no circumstance too trivial to operate in some minds as an inducement to self-destruction; and very often the suicide arises more from a blind spirit of imitation than from any ingenerate cause. Indeed, the general law regulating the spread of epidemics, has in many instances been noticed in connection with this tendency. And, by a species of moral contagion, the act has again and again been repeated, by those, between whom there had previously existed neither sympathy nor acquaintance, and who, consequently, could not be suspected of having been influenced by any common cause, outside of the spirit of imitation. But, it remains to be seen whether the depressing passions, as incentives to sui-

cide, are intensified, or not, in their action, by conditions of the human mind existing within the circle of mental health, or whether they are the reflection, only, of disordered intelligence expressing itself through the single act of self-murder.

It is now generally recognized that the progress of civilization is every where accompanied by an increase in the number of the insane. Whether this be an absolute fact, or the result merely of better statistical tables than were formerly kept, is a question still open to discussion. And it must be admitted at the outset that enough weight is not usually given to this circumstance, in forming estimates of the relative progress of diseases in ancient and modern times. We are not of those who embrace the popular superstition that the human system has radically changed its physiology since the infancy of our race. The same constitution of the blood has always obtained; the same pressure of the atmosphere has regulated the law of endosmosis, and the equilibrium of fluids; the period of gestation, the amount of sleep or food necessary have never changed from the first. The system has always responded to, and been influenced by the same stimuli; and when these have been in excess, their disturbing effects upon the various organs receiving their impressions, have been analogous at all times. Prolonged exaggeration of the emotions, or sudden and intense impressions upon the organ of the mind, have disturbed and will continue to disturb the intellectual faculties, under every degree of social development. Religious lunacy has been common in all ages, and among people of every grade of advancement. And the whole Buddhist hagiology, one of the oldest systems of its kind on earth, is but a code of fanatical ordinances born of pseudo-insanity in its authors; and recommending such acts, suicide and infanticide for example, among believers, as could generally be acquiesced in only by minds more or less deprived of their reason and volition. Could we be furnished with accurate annual statistics of the religiously insane, or the suicides committed among the Hindoos, Chinese and Japanese; and could those statistics extend in retrospect over five centuries, and bear date with the beginning of modern History,

I am inclined to think that while insanity would exhibit itself as a common disease in every age and condition of life, its march would be found not to be *pari passu* with the progress of civilization, being doubtless related to it, but not immediately dependent upon it.

Yet, there is an undeniable connection between civilization and mental unsoundness, if not an interdependence; and the difficulty of explaining the problem arises from the multifarious character of its elements. For, if civilization implies development and progress in intelligence, morality, and the dissemination of a state of greater social comfort, it will be difficult to admit upon general principles, that mental unsoundness can be the natural and necessary consequence of mental development. Or if we assert in brief that civilization tends to produce undue activity of the brain, in all who share its influences, and that disease follows as a physical corollary, we shall be answered by statistics\* showing that *farmers and*

\* The following statistics, selected from M. Cazauvielh's work on Suicide, (p. 82,) will exhibit the enigmatical character of the problem we are here discussing. It is only charity to believe that two-thirds of these persons were insane.

Shepherds,.....	15	Bankers and Wholesale Merchants, 15	
Coal-Burners and Wood-Choppers,....	5	Retail Dealers,.....	73
Agriculturalists,.....	467	Clerks and Small Dealers, &c.,.....	24
Miners,.....	43	Messengers, Porters, &c.,.....	12
Workmen in Wood, (Coopers, Carpen- ters, &c.,.....)	84	Boatmen, Fishermen,.....	13
Workmen in Leather and Skins,....	23	Coachmen, Teamsters, &c.,.....	28
Shoemakers,.....	46	Publicans, Cooks, Stewards, &c.,....	37
Workmen in Iron and other metals, 57		House Servants,.....	68
“ “ Linen, Cotton, Silk, &c., 104		Artists, Painters, Musicians, Drama tists,.....	3
“ “ Stone—Masons, &c.,....	45	Clerks and Scriveners,.....	9
“ “ Chemical Products, } ..	14	Students,.....	8
“ “ Earth, Pottery, } ..	14	Public Functionaries,.....	36
“ “ Glass and Painters, } ..	14	Professors and Instructors,.....	16
Bakers and Pastry Cooks,.....	14	Military men,.....	188
Butchers,....	12	Living on their own Income,.....	150
Millers,.....	20	Lawyers, Physicians, Priests, Nuns and Druggists,.....	43
Hatters,.....	4	Without Profession,.....	311
Barbers,.....	9	Mendicants,.....	28
Tailors, Upholsterers, &c., }	88		
Laundresses, Milliners, &c., }			
Peddlers,.....	6		
			2,019

*handicraftsmen*, who certainly represent the minimum of necessitated mental activity, are yet those who furnish the largest contribution to the population of lunatic asylums. But in speaking of civilization, we must remember that we speak of a complex cause, capable of acting upon the intelligence through a variety of channels, and thus impressing upon it a predisposition to disorder, which, if not counteracted by continuous and antagonizing efforts, eventually explodes into a positive manifestation. It is from the persistent application of one class of stimuli, addressed exclusively to the emotions, or the intelligence, that dangers to the integrity of the mental functions arise. And because in civilized life, the attitude of man to his brother is that of a competitor and rival whom he must distance, or be distanced by, in the race for bread and superiority, it follows that each, obeying the law of organization which tyrannically assigns him his character, falls into the exclusive cultivation of those faculties that are of dominant assertion. By a species of intuition he feels that these are for him the sole instruments of victory; and though he have no higher motive than the gratification of pride, or imagination, or disordered ambition, he will continue to concentrate his whole being upon their exercise, until the harmony of the mental or the moral faculties is destroyed, and a state of ever present exaltation invites

SUICIDES IN FRANCE IN 1836.		October,.....	182
January,.....	156	November,.....	146
February,.....	165	December,.....	130
March,.....	205		<hr/> 458
	<hr/> 526	METHODS OF SUICIDE.	
April,.....	193	Strangulation,.....	701
May,.....	249	Falling from heights, and drowning, 783	
June,.....	261	Fire-arms,.....	223
	<hr/> 703	Poison,.....	51
July,.....	283	Cutting Instruments,.....	75
August,.....	209	Asphyxia from Coal Gas,.....	178
September,.....	161	Starvation, Torture, &c.,.....	294
	<hr/> 653		<hr/> 2,505

the assaults of disease. Dr. Tuke, in his philosophical treatise on Psychological Medicine, develops these ideas with the ready pen of a master, in the following words:

"Civilization, with its attendant knowledge and education, creates social conditions, and offers prizes dependent solely upon intense intellectual competition, unparalleled in any former age, and of course unknown among barbarous nations, which of necessity involve *risks* (to employ no stronger term,) which otherwise would not have existed." (p. 35.)

And again proceeding with this idea, he thus qualifies his language:

"To speak of civilization and the overtaking of the intellectual powers as synonymous, is incorrect, and has often led to confusion as to the real question at issue. Civilization involves the overtaking of the emotions, as well as, and sometimes independently of the intellectual powers." (p. 37.)

It is more than all, therefore, to the higher development and the increased susceptibility of the emotions, in an advanced state of civilization, that we must attribute those reactions of their disorders upon the mind, which induce sympathetic disturbances in the latter. In fact, all the productions of the Fine Arts, whether in poetry, sculpture, music, painting, or the drama, may be ranked among the emotional stimuli. And the rising flood of admiration—the consensual intuition of the good, the true and the beautiful—reaching often to the glow of an inspiration—which they awaken, as by electrical impulse, in an audience of thousands, as easily as in a single individual, shows that they appeal to a common sentiment in our humanity, which is antecedent to all intellectual processes. Art, as the royal fruit of civilization, is the alcohol of the emotions, which, like its physical antitype, tempts us to partake, in excess, of its nepenthean draughts, until all forms of practical life become vapid and unsatisfactory. It is both angel and devil. A blessing in itself, it may be converted into a curse, according as we use it, and thus produce the direst forms of ennui and satiety, to poison that existence which it was intended to strengthen and spiritualize. Nothing short of these possible effects of its perversion, will explain the *tedium vite* so commonly



found among the higher and unemployed classes of society, where mental activity, and an intimate relation to all present circumstances of public enterprise—church-building, hospital-visiting, school-founding, town-government, roads, bridges, travelling and postal facilities, are subordinated to the single pursuit of pleasure—the selfish cultivation of personal gratification, and the desire “to kill time.” Flitting from day to day upon the wings of emotion, and like Sybarites, sighing for a fresh rapture, these headlong worshippers of the Nine, forgetful that even Apollo does not keep his bow constantly bent, spend their hours in the vain pursuit of new sensations, until exhausting the measure of these, they retire to rest beneath the inevitable shades of mental as well as moral distress, a ready prey to melancholy and its black brood—since

“Absence of occupation, is not rest,  
A mind that’s vacant is a mind distressed.”

The causes which tend to develop the suicidal tendency, while they are, doubtless, remotely physical in character, (as in the delirium of fever,) are for the most part to be traced to disorders of our mental or moral nature. They are the offspring of the repressive passions, long centering themselves upon one predominant idea, and thus driving the individual to seek escape from what he feels is a part of his own personality, and nothing but death can dis sever from its hold upon his being. When a man has lost all hope of freeing himself from an embittering and soul-crushing reflection, when he feels that no aid can reach him on earth, or imagines that even Heaven is conspiring for his destruction, and so, surrenders himself to the maze of delusion which is enveloping him—when any individual is in such a mental state, he is unquestionably insane; and the idea of death, like that of sleep, after the long vigils of physical suffering, is full of hope and relief. He welcomes his own end, or goes forward to meet it with joy and alacrity, hesitating only as some lingering whisper of conscience makes itself heard within his bosom. While he thus craves death, resolves upon it, and hails it as a deliverer from the passion which is consuming him, he may, and doubtless often does, linger on the confines

of reason, pausing to listen to the voice of nature within, and yet struggling all the time against it :

"Oh that this too, too solid flesh would melt,  
Thaw and resolve itself into a dew, or that  
The Almighty had not placed his canon 'gainst  
Self-slaughter"— \* \* \*

"To die—to sleep—and by a little sleep to say  
We end the thousand heart-aches, and the natural  
Shocks, that flesh is heir to." \* \* \*

"But the native hue of resolution is sicklied o'er  
By the pale cast of thought, and enterprises of  
Great pith and moment, with this regard—  
Their currents turn awry."

This description of Hamlet's struggles with himself while laboring under the influence of suicidal mania, is a magnificent and most exquisitely drawn picture of the human mind when intralled by this delusion, and we shall search authors in vain for anything approximating to it in fidelity, or force of expression. Because Hamlet was a sentimentalist, and expressed himself in the refined and glowing imagery of a scholarly mind, we must not thereby infer that other minds have not felt just as keenly, been moved as deeply, and found their last, best solace in death as happily as he did. The character of Hamlet is in many senses a representative one of that whole tribe of scholars—*genus irritabile*—whose lives are too apt to be spent amid perpetual alternations of sublimated joy or suffering. They are victims to the inevitable consequences of prolonged and exaggerated cerebral activity, such as is required for all successful achievement, at this day of meridional intellectuality, and in every province of the empire of letters, and which are discernible as well through the emotions, and very often primarily so, as through the original source of deranged innervation. We blame the *heart* of these Hamlets. We accuse it either of weakness, because it sues for sympathy, or of selfishness, because, at times, it seems repellant and self-introspective, shunning human contact and living within itself, while all the while

craving the touch of some hand which can lift the veil of its enshroument. We pronounce rash judgments, alas, how hastily, to wound its already denuded sensibilities, forgetful that behind this poor, unthinking organ, there is a terrible dictator—the brain, which, like an electrical telegraph uniting distant parts of a continent, repeats, throughout its curious convolutions, each passing storm that touches whatever portion of its line. That this is a condition of disease we may not always be prepared to admit; but that it is one of disorder none will pretend to deny. In either case it is born of exaggerated activity in the centres of innervation, leaving behind a species of reflex oscillation which time and rest may, but do not always remove. Moreau has forcibly and lucidly described the originating cause of this state of mind in language which admits of no addition. "*Il est donc évident que dans les deux cas au moral comme au physique, la maladie naît de l'exagération de l'état physiologique; exagération qu'il n'est pas au pouvoir de l'individu d'empêcher, parcequ'elle dépend des conditions particulières de son système nerveux.*" (*Psychologie Morbide*, pp. 132-3.)

There is a type of gifted minds—precocious—all-grasping and avid of learning, ever found in combination with weak bodies, highly developed nervous systems, and a morbid sensitiveness of feeling, intensifying every impression into one of absolute pain, or exquisite pleasure. These people are, properly speaking, physical extremists, having no middle ground of indifferent sensation or appreciation, but tasting every thing through every sense, either as superlatively exquisite and pleasurable, or superlatively painful and full of foreboding. The tendency of our civilization, and the toleration evinced towards abuses of the drama and the literature of fiction, have conspired to develop, at least in cities, an excess of those nervous temperaments, which seem more like exotics than natives born to endure the stern vicissitudes of this sub-lunary life. These refined natures are so exquisitely sensitive, and responsive to all influences, that when the blight of an overpowering sorrow falls upon them, they are crushed

beyond redemption. Tortured by the retrospect of events which, from golden dreams have passed into irretrievable shadows and disappointments;—prostrated by feelings of despondency that paralyze every effort at self-recovery; and finally doubting all things, even Divine clemency and justice, these minds fall at once into an abyss of woe, so dark and so profound, that life to them seems but a prolongation of their perilous descent—a longer suspense of the bitter end which awaits them, in some lower and more dismal deep of the imagination. Hence they put aside as tasteless and unsatisfactory, all consolations of philosophy, of human sympathy, of religion. They only ask rest and respite from the fever and the worm which are consuming their hearts. Formerly, they may have wrestled with their souls, as continuously as did St. Simeon of the Pillar, “battering the gates of Heaven with storms of prayer,” and hopefully awaiting for some answer to their *Kyrie eleison!* Now, not even this hope reaches and relieves them. They are no longer themselves, having passed, as it were, out of the pale of their own personality. Nothing short of a miracle can check the murky tide which is slowly rising to swallow them; nothing short of this can snatch them from the impending jaws of insanity and suicide.

Cowper and Byron, among many others whom we could name, were excellent types of this form of morbid sensitiveness. And yet in moral character no two men could be more unlike or antipodal. Still, in both, there was a lurking and constant tendency to suicide, which, strange to say, in the Christian and believing Cowper, came near fulfilling its dire end; while in the unbelieving Byron it never rose to the degree of a positive attempt. In Cowper, it was the expression of physical suffering allied to great religious fervor, both reacting upon a finely-wrought organization, and thus developing a highly accentuated predisposition to melancholy. There was no possible escape for such a nature from its depressing attacks, and his life, in consequence, was a protracted enslavement to this embittering disorder. In Byron, it was the effect of remorse speaking through the ennui of satiety;

conscience reasserting itself against repeated smotherings, and making its still, small voice, heard in the moral wilderness of his heart. Although he refers his suffering to thinking "long and darkly"—as in *Childe-Harold*—where he exclaims,

"I have thought  
Too long and darkly, till my brain became  
In its own eddy boiling, and o'erwrought,  
A whirling gulf of phantasy and flame:  
And thus untaught in youth my heart to tame,  
My springs of life were poisoned"——

Yet further on he shows us the true secret to have lain, not in the mind, but in the unbridled passions:

"Meantime I seek no sympathies, nor need—  
The thorns which I have reaped are of the tree  
I planted—they have torn me and I bleed;  
I should have known what fruit would spring from such a seed."

As men do not reap thorns from excess, even, of intellectual labor, a very extensive contamination of the moral nature being required to produce this result, we are therefore compelled to see in these lines a melancholy confession of that harvest of sin, which the poet had reaped as the reward of a life-time of self-indulgence. But *Childe-Harold* was blessed with a better stock of physical vigor, and cultivated his animal spirits more than the melancholy author of the "Task;" and we may attribute to this, and perhaps more still, to his social habits and love of pleasure, his abstinence from any serious step in the direction of self-murder. Society is a great cultivator of the heart and affections. Even animals thrive better for being and working in company; and he who loves the communion and fellowship of his brother man, will seldom hate himself enough to become his own murderer. But, on the other hand, society, or literature of a particular kind may poison the mind, and unhinge its barriers of self-protection, so that it yields readily to the temptation to crime or suicide, according as some accidental bias inclines it. Sorrow, disappointment, wounded pride, lacerated feelings, chronic ill-health, may all conspire in even the noblest minds,



as witness Cowper, Chatterton, and Romilly, to produce the suicidal impulse.

Can you not imagine some poor, disappointed scholar or artist, with brain and nerves fevered by years of untiring lucubration; one who has lived a life of penury and self-denial, like Spinoza or Goldsmith, or some of the great Painters, who has known experimentally the influence of "malignant star," and has failed, after years of persevering endeavor, to attain some little "coigne of vantage"—can you not imagine such a man (there are many still about you,) falling weary, heart-sick and faint by the wayside, questioning his conscience, questioning the stars, fretting his soul to ashes, in vain attempts to solve the problem of that ill-fortune which chains him down in the antechambers of success, while boor and knave are marching triumphantly on, beneath the smiles of the fickle goddess, to fame and preferment? Can you not imagine a man in these circumstances becoming sick in mind, as well as heart—turning from his fellow-men in despondency and disgust, and looking upon life only as the drag-net which confines him in servitude to this misery?

The literature of the past and present century, in the department of fiction, has, it is believed, conspired not a little to the development of that form of morbid sentimentality which often finds its appropriate culmination in either crime or suicide. For so intimate is the relation between these two that they appear to walk side by side in statistical tables, and their tendency may generally be traced to a common source. It is advancing no paradox to assert that delineations of mental suffering and unrest, such as are to be found in *Faüst*, *Manfred*, *Conrad*, *Lara*, and *Werther*—sufferings which were purely ideal, born of no legitimate, healthy cause, but produced by the gnawings of an unsatisfied intellectual ambition; by the satiety of debauchery, by a disgust of social life arising from want of material occupation—a true reflex of their authors' own personality—delineations of such morally depraved beings as these heroes, can not be over-estimated in their pernicious influences upon weak and impressionable minds. How many suicides have not the sorrows of *Werther*

probably led to; how much of morbid sensitiveness have not the writings of our modern philosophical and transcendental novelists, particularly of the French school, developed in the young and inexperienced. Or what would a modern opera be without an intrigue—a revelation of conjugal infidelity, or that most accommodating compromise between vice and social virtue, a morganatic marriage? And when we reflect also that this crusade against the true, the honest, and the manly in life; and against faith and morality in religion, has been aided by all the power and magnetism of the Fine Arts; by poetry, and music, and the drama, with all their seductive allurements, who can wonder that society should have been poisoned by this gilded fruit, and that philosophy should have discovered in it the seeds of a lurking moral disorder hitherto unobserved.

It is going beyond the pale of human science, to undertake to explain the rationale of those mental processes, by which minds of every grade, whether giants or dwarfs in intelligence, similarly attain to the execution of the fell act of suicide. For, as we enter upon the path of this investigation, we see rising before us mists, and impassable mountains, to check our progress; or unbridged chasms of limitless extent marking the *ne plus ultra* of exploration. It is plain that the Father of Light has Himself barred the way to infinite knowledge, by strewing its path with immovable obstacles belonging to our finite nature:

"Pater ipse colendi

Haud facilem esse viam voluit — \* \* \*

\* \* \* curis acuens mortalia corda"—

and we must turn back content to wander upon these shores of Time, nor impiously seek to fathom the inscrutable laws of that soul which affiliates us to the Creator.

And yet within these finite limits we are at liberty to roam and cull whatever grains of knowledge we may. And better still, we are constantly stimulated to do so, by the perplexing questions with which the Universe is ever harrowing us. Earth, air and sea are full of problems. Fire and water, matter and spirit urge us to become augurs of interpretation; to

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And yet within these finite limits we are at liberty to roam and cull whatever grains of knowledge we may. And better still, we are constantly stimulated to do so, by the perplexing questions with which the Universe is ever harrowing us. Earth, air and sea are full of problems. Fire and water, matter and spirit urge us to become augurs of interpretation; to

unfold the rubric of their affinities, and their ultimate part in creation, to all mankind. Worthy he who obeys, according to the dignity of his mind, these behests of nature, and whether through the study of pebbles, and humble agencies, or that of laws of gravitation regulating planetary systems, proves himself alike a faithful minister and interpreter of her laws.

A coward attacked by a mortal illness, anticipates with his own hand, the inevitable hour. This was to be expected. But how will you interpret the deaths of such men as Hugh Miller, Sir Samuel Romilly, or others that I could mention? Were they the fruit of long and sinful meditation upon the subject of suicide? Assuredly not. Into such noble minds no single grain of cowardice could have entered. Nor even could the charms of a stoical philosophy—in all things else the most majestic ritual of human conduct that ever fell from uninspired lips—have seduced their souls into compliance with the sin of self-hatred and murder. They can not have *willingly* committed the act of self-destruction like Cato or Seneca, and as though it were but the fulfilment of that problem of life which they had so long and vainly sought to fathom. These were heathen philosophers who believed themselves dying in strict compliance with the behests of natural religion, although in utter irrecognition of the natural law of self-love. Those were Christian philosophers, who, if they reasoned at all, must have repudiated the idea of suicide as at variance with both natural and revealed religion. And yet they committed the act and fell, just as many have before and since, because, as we firmly believe, of the dethronement of reason, and not because of the perversion of reason. That both these men endured exquisite mental sufferings none can doubt who have perused their biographies. Nor can we even ascribe them to the imagination, as being disordered. Seneca has, with a certain measure of truth, and great nicety of expression, referred all suffering to the cogitative faculty—*ad opinionem dolemus*,—or, paraphrased into English by a popular sentence, “There’s nothing either good or bad, but *thinking* makes it so.”



It is true, doubtless, that all suffering, as indeed all sensation, may be intensified by thought; but it is not primarily developed by it; and may, and indeed does continue independent of thought, whenever the system has become habituated to this new sensation. An inflamed limb ought to pain throughout the period of disordered action in its circulation, but after awhile we may cease to appreciate the inflammation as pain, and call it numbness—weight and heat—in reality nothing but modifications of a sensation which, once painful, in the sense of compelling attention, has from the law of accommodation and habit, ceased to enchain the mind. Again, a great sorrow falls upon us; we suffer in consequence, but after a time we feel it less; and although memory may still be able to recall it as a whole, the images or component parts out of which it was made up, and which acted as special irritants to our feelings, have now grown dim, and we seek in vain to feel, or suffer as keenly as we did. Can we therefore always *will* to suffer? I think not. Can we always *will not* to suffer. I equally answer in the negative. We derive another argument against the doctrine of the exclusive part played by the reason in the production of suffering, from animals. With them the loss of offspring, or of their masters, or of their accustomed home, produces unquestionable suffering. Shall we accord them reason on this account? If so, the argument fails, and we have misclassified the brute creation in denying it the possession of this faculty. But, on the other hand, if accepting universal opinion on the subject of its intelligence, we still find it capable of mental suffering, may we not safely contradict Seneca, and assert that suffering is an act as much of unconscious, as of conscious cerebration, and over which the will and reason have no exclusive control. We have never entertained any doubt that the mental sufferings of both Hugh Miller and Sir Samuel Romilly overpowered their will, before it did their reason. Indeed the former has left us a record of the ineffectual struggles of the will to resist the enshroudment of the reason. The reason saw, and appreciated the error, and the will attempted to thrust it aside, but was the most pow-

erless of the two faculties; and when the final act was performed, it was done in a vertigo of intense cerebration, and without the least vestige of moral freedom.

But what shall we say to the fact that so many suicides exhibit no obscuration of the reason? They leave officious wills; make reasonable dispositions of property, write letters void of all manifestation of aberration, transact business carefully, and appear to be in ordinary good health. To this, my only reply is, that the incubative stage of a mental malady is not always discernible, and that in these particular instances, the mind may have been dallying with the suicidal tendency, without absolutely adopting it as a course of action, until the very moment of its execution. Throughout this period, the reason has been slowly retreating before the enemy, and losing more and more of abhorrence for its presence; until finally perverted it comes to look upon it as a bow of promise—a gate of relief from earthly suffering. When a mind is in that state, it is unquestionably insane. But how shall we discover it? Aye! there's the rub. All philosophy, save the empirical one of observation, fails us here. The domain of psychology is ever a land of mists and obscurity. The phenomena we see and apprehend, form but a very small part of that which exist and operate invisibly in producing the outward manifestations of the mind. It is true that cause and effect stand in the relation here as elsewhere, it is equally true that there are only narrow limits to the range of our observations. If we could penetrate into the mind of another, and possess ourselves of all the elements, both disturbing and conservative, which tincture and give shape to its operations, we might indeed form a new philosophy of the human mind. But, as things are, our philosophy must ever be speculative and conjectural, because there is no ultimate standard to which we can refer our conclusions for revision and correction.

Therefore, let us freely admit that the philosophy of suicide is yet a *terra incognita*. That outside of the domain of mental pathology we can not explain it as a pre-disposition, and that it baffles human wisdom in all its attempts at fathoming its mysteries, and leaves us in profound darkness at the very centre

of our assumed greatest illumination. It is impossible to prove that all suicides are the offspring of insanity; it is even unwise to assume so; because, without entering into transcendental logic, we have no right to build a categorical proposition upon premises not justified by experience. This much only we know, that at times suicide wears the appearance of insanity, and at times it does not; at times it appears to be a disease; at other times a crime. But in either case the moral affections have undergone a change—a change for the worse—and have suffered an impairment of their integrity, either self-produced, or arising from sympathy with the intellect.

In conclusion, I need hardly add more than a word by way of commentary upon the ethics of this enigmatical act. Suicide admits of no possible excuse, and far less of any justification. It is either the act of a madman, and as such void of all moral quality, or that of a coward, who basely deserts the post of life which God appointed him to defend. Reason and religion alike condemn it, law regards it as a personal disgrace and self-disfranchisement, while honor affixes to it the stigma of pusillanimity. When every ill that momentarily clouds the sunlight of hope, or threatens to end this little lease of life, affrights the soul, and prostrates it in the dust, man ceases to be one of that christian band whose heaven-forged panoply is faith, and whose battle-cry, God wills it! For, thence, falling from his high estate, he sinks a weak and puling babe to earth, ready, in the language of the golden-mouthed St. John, "To die before the wound is given, and to leap into the sea for fear of a shipwreck."

## CASE OF INSANITY AND HOMICIDE.

Jesse C. Davenport, charged with the murder of Samuel Wilson on the 19th day of May, 1863, was tried before the County Court at Bennington, Vt., Hon. Loyal C. Kellogg, presiding Judge, in December of the same year. The following history is compiled from notes of the trial, taken by one of the medical witnesses examined on the question of the prisoner's mental condition :

Davenport came to Manchester, where the murder was committed, in the year 1854. He was then thirty-seven years of age, and had recently been left a widower with one child, a boy of twelve years. His chief business was farming, but he had taught himself enough of the more common trades to be able to do, in a rough way, nearly all kinds of mechanical labor. He had worked as a carpenter, wagon-maker, blacksmith, mason and house-painter. At first he purchased a small farm, upon which he afterwards built a house for himself, another for a tenant, and, besides other out-buildings, a mechanic-shop for his own use. In the year after coming to Manchester he married a second wife, who died in 1860, and was succeeded by a third in the same year.

In the town into which he had come to live, Davenport was nearly or quite a stranger. His neighbors found him constantly busy, working hard early and late. When there was nothing to do on his farm, he was always in his shop, where he made wagons, sleighs, agricultural and other tools and utensils in great variety, as his mood or a market suggested. He was shrewd and very close, though honest, in his dealings, exacting the last cent due him, and miserly in his habits. He was unsocial in disposition, and disagreeable in manners; seemed to suspect every one of intending him some wrong, took offence at trifling things, and was easily excited. This led to his being greatly disliked by his neighbors, who made him the subject of many rude practical jokes, until at length, in 1860, he had become the constant butt of a gang of rude and dissipated young men. From this period to that of the homicide, he was annoyed and injured in his property to a

most shameful degree. A bell-wire, which passed between his house and shop, was often rung and broken down in the night, stones were thrown at his buildings, windows broken and tools destroyed. Such persecutions served, as they were intended, to keep Davenport in a state of the highest excitement and passion. He talked about them and their authors, threatening and gesticulating wildly, to the great entertainment of his brutal hearers. About a week previous to the murder he warned Wilson, father of the murdered youth, that his son was ringleader of the gang who were molesting him, and that he was prepared for him. "If I catch him there again," he added, "I'll spill his heart's blood." To another neighbor he had threatened young Wilson, saying, "He's the leader, and I'll fix him."

It is not easy for us to understand in what light the mental peculiarities of Davenport were viewed by his neighbors at this time. Not knowing his previous history, and having little intimacy with him, but for one act of his, the particulars of which were common gossip, we might suppose that he was considered sane, though, of an imperfect and ill-balanced mind. This act was an attempt at self-castration, committed in September, 1861. One testicle was cut out with a razor. No care or precaution was used in the act, and the wound nearly proved fatal. The first physician who came found him pale, and almost pulseless. He said at one time it was to prevent further trouble with a family, and again that it had pained him. This physician testified on the trial, that Davenport did not appear to him to be insane; the act was the only thing that suggested insanity; he had never before thought of his being insane; but, in his opinion, he was a monomaniac. To another physician he said the mutilation was done by himself, and that the testicle had swollen and was painful to him. Afterwards he asked this physician if he knew that any of those whose portraits were on a military map hanging near by, were in his condition. He added, that the upper one was; he had neither testicle remaining, and for this reason never had children. The doctor saying that if he had one testicle he might have begotten children, Davenport was greatly



excited. This witness considered the behavior of Davenport that of an insane man, and thought the castration itself implied insanity. It seems hardly possible to us that this act of Davenport, taken with his other strange conduct, should have failed to induce a belief of his insanity in other neighbors. All, however, of the large number examined at the trial, swore that they had never considered the prisoner insane.

The particulars of the homicide are briefly as follows :

On the 19th of May, at about 9 o'clock in the evening, Samuel Wilson, a youth of twenty-one years, and two companions in a wagon with him, stopped in the highway opposite Davenport's house. According to the testimony of these two young men—not perhaps entitled to the fullest confidence—Wilson leaped from the wagon without saying a word, except to check the horse, and ran up the steep bank toward the house. In less than three minutes his companions saw against the sky (the night was very dark) the upper extremities of two men close together and in active motion, and heard a strange cry as of some one in agony. Wilson immediately ran down the bank, stumbled and fell at the horse's head, rose again, came to the wagon as if to get in, and fell between the wheels. Lights were brought from a house near by, and Wilson was found to be dead, his clothing below the waist saturated with blood from a wound in the region of the heart. On subsequent examination, a cut one and a half inches wide was found two and a half inches below and within the left nipple. The fifth rib was severed at its junction with the cartilage, the heart was pierced through near the apex, and the vertebral column beyond slightly marked. This wound was received by Wilson, as shown by blood on the ground, at a distance of forty feet from where the wagon stood. It was no doubt inflicted with an instrument found the next morning thrust behind Davenport's hog-pen. The weapon consisted of a spear-pointed two-edged blade of steel, about five inches long, firmly set in a shaft of wood three feet long, with a cross piece at the handle. The point was stained with fresh blood.

When, about an hour after the homicide, the neighbors knocked at Davenport's door, he came partially dressed to open it. In reply to some one he said: "What! have the boys been having a bit of a fight?" Shortly after, on being told of Wilson's death, he said: "I'm sorry the boys have got me into this scrape."

During the seven months which intervened between his arrest and trial, Davenport was confined in jail, where it was popularly believed he feigned mental disorder. No evidence was offered upon this point, except that of a physician with whom prisoner was slightly acquainted. Prisoner either did not recognize this witness on seeing him, or else feigned not to. He occupied much of his time after this in writing a strange medley, the first part of which was an imitation of the preface to the *Pilgrim's Progress*, and the remainder was in the form of a dream, which might have been suggested by Dante's *Inferno*. The writer, in charge of an angelic guide, made the tour of the infernal regions, and had the pleasure of seeing his numerous enemies of this world undergo a variety of tortures that did credit to his ingenuity and hate.\*

The testimony offered to prove Davenport's insanity affords the following facts bearing upon that point:

Prisoner is one of a family of sixteen children, two of whom have been insane for about twenty and twenty-five years, respectively. The mother, whose uncle had been insane, was a nervous and feeble-minded woman, with a marked tendency to tubercular disease. Most of the children seem to have inherited her organization, though all but three are believed to be still living.

When nine years old, Jesse received a kick from a horse upon his head, was insensible for a time, and afterwards delirious. At the age of thirteen he fell from a barn, and was taken up senseless, with several ribs broken. "He was pretty wild for several days after," and was so ill as to be bled by the physicians. During his youth he was thought to

\* This production, which filled several quires of paper, was not given in evidence.

be strange in manner, suspicious of evil designs toward him, moody and excitable by turns, and to have little self-control.

In the spring of 1846, Davenport suffered an attack of mania, which was probably sub-acute in its type. In the previous autumn pecuniary losses had given him great trouble, and his little property was finally sold off. He labored very hard all winter, and was much exposed to cold. A neighbor was called in to take care of him, and a physician sent for on the twenty-sixth of April. He was then stupid and wild by turns. At times he rose from bed and went to the door, from which force was necessary to bring him back. He seemed to have delusions of fear, and made repeated attempts to escape from the house. The opinion of his physician was positive as to the nature of this attack. It was true mania, and not the delirium of fever, or connected with any organic disease. Davenport was kept in the house only about a week, but throughout the following summer he was feeble bodily, and alternately excited and depressed in mind. He complained much of pain in his head, the top of which he kept constantly shaved. In May he was seen by a brother, to whom he appeared silent and gloomy, but at times talked excitedly about a suicide that had recently been committed. A sister-in-law saw him in the same month, and noticed that he was different from what she had ever seen him. His eyes seemed to have an expression which they did not formerly. Whenever the suicide was referred to he became excited. At other times he was moody and not inclined to talk. This witness saw him again in the fall, and thought him improving. In December, she thinks the peculiarities of his behavior were not noticeable to strangers. They were apparent, however, to the family.

In the spring of 1849, Davenport came unexpectedly to visit this sister-in-law. His manner was very strange. He was gloomy; said that he should not live long, and dwelt much on the subject of his poverty.

In 1854, he was at the house of a sister for a week. His eyes looked changed at that time, and she thought him more singular than in the fall of 1846. He was easily excited, and

charged his neighbors with designing some injury to him. In the following winter he could not sleep, and complained of his head a great deal. In the spring of 1856, he was ill, though not confined to bed, and talked about coming to want.

Nothing further bearing upon Davenport's mental condition is contained in the evidence until 1860. The fact that he had been insane was told his son, then eighteen years of age, for the first time in this year. The son's attention was thenceforth directed to his father's behavior. He observed him to be at times silent, as if "in a deep study." At other times in the summer he had "spells of being kind of wild." He would leave home suddenly, without saying where he was going, and be absent several days or weeks. He would work early and late for two or three days, and then be depressed and sleep most of the time day and night for about the same period. Through the fall of 1860, and the winter after, he was worse than in the summer, and often complained of bad feeling in his head. His bell-wire was pulled and broken more than once this winter, and always in the night. When the boys went by his house at night, they screamed out, "Davenport!" or, "Down goes your bell-wire, old Davenport!" About this time he was visited by his former neighbor, who had taken care of him in the acute attack of 1846. Davenport urged this friend to go with him to dig for silver near a cave on a neighboring mountain, and, to humor him, his friend consented. They took a spade, and a bag to put the silver in, but after digging awhile came away without finding any. Davenport then applied a machine that he had invented to an old sled. He said the machine would carry him faster than any horse could go. Then, and at the time of a horse-trade not long before, this witness thought Davenport not competent to do business. His memory seemed to be bad, and his manner was different from ever before. "He would go from the war to the boys, and from the boys to the war, in his talk." He seemed to believe that the boys meant to injure him, destroy his property, and drive him from the town.

In the spring and summer of 1861, the son was employed on a farm, several miles off, and came home only on Sundays. Sometimes he found his father moody, and not disposed to talk; at others he appeared quite rational. Early in September, Davenport "seemed to have something on his mind, and did not say anything." On the Sunday before his attempt to castrate himself, he was in one of his bad spells, and "had a wild and glassy look about his eyes." He took his son, without explanation, to the rear of the barn, into which they both climbed through a window-opening, six or seven feet from the ground. He then said that he was liable to be taken away at any moment, and directed a certain division of his property if this should happen. The son, becoming more and more alarmed at his father's conduct, and seeing his excited manner and glassy eyes, turned back and jumped from the window. Nothing more was said about the matter. On the Wednesday after this the mutilation was done, and the son was called home, where he remained until the next Monday. The doctors thought that Davenport would die from his wound. At this time the bell was pulled one night with such violence as to throw it from its place through an open door into the next room. The bell-wire was also detached from the house, and the fixture which supported it broken.

During the fall and early winter after his recovery from the mutilation, Davenport was better mentally than before, but late in the winter he grew worse, and was again gloomy and excited by turns.

One night in June, 1862, several stones, the largest of which weighed four pounds, were thrown upon Davenport's house with such force as to split and break the shingles. On this night the peas in the garden were pulled up, a pane was broken out of the shop-window, and augurs and chisels were taken from their rack and driven into the ground near by. Wind-vanes were also removed from the house and shop, and a windmill taken off the barn and broken in pieces. Davenport, made very nervous and excited by all these injuries, "was walking and talking about the house all day." "He



said that the boys were going to ruin his property; that he was afraid they would set fire to his buildings, and he thought he should get them insured." He did have them insured afterwards, for the first time. His habit was to keep his money in a trunk in his bedroom, and at one time he had seven or eight hundred dollars thus put away. He would not leave home to stay over night lest he should be robbed, and said that the boys had done so much damage to his property he was afraid they would get into his house and steal his money. The sight of any one of those who had injured him, or whom he suspected of it, made him very much excited.

In October, 1862, a sister-in-law of Davenport's saw him four times. The first and second times there was nothing very unusual in his appearance. The third time was after he had seen soldiers at Brattleboro, and he was very boisterous—almost frantic—about the war. He said, "If I had a company of men, I would quell that rebellion." He also said he was going to make a knife to cut off Jeff. Davis's head. A few days later, at his own house, he was more calm than after seeing the soldiers, but became excited at once when the war was mentioned. Witness asking in the evening if her horse was taken care of, he said, "Yes; but I do not go to the barn after dark." She spoke of his having a nice lot of corn. He said, "Yes; we are going to have a famine." To a brother, who saw him in this same month, his mind seemed to dwell entirely upon the war and famine. He said: "The rebels are surely coming, and I am going to be prepared for them. I can make the tools, and with twenty men I can take Jeff. Davis and his whole army, if Lincoln will let me do it." He said also: "There is going to be a famine; you had better prepare for it. Save money; lay up provisions! It will last three years." These predictions of a famine were made in a letter written to one of the family in the following winter, and admitted as evidence.

In March, 1863, Davenport and his son rode together to a neighboring town. When they went past the house of any

one who the father thought had injured him, he would be greatly excited. He was constantly nervous, but when away from these exciting causes would not say anything.

A few days before the homicide, Davenport was seen by a man who had lived with an insane mother for thirty years. This man noticed Davenport's eyes and countenance, and thought him insane, and said so to others at the time.

Prisoner entered the court-room at his trial with a feeble step, his wife accompanying him. He was much emaciated, had a cachetic look, and presented other phthisical symptoms. His eyes and the muscles of his face bore, in a marked degree, that expression which belongs to the chronic insane. The conjunctivæ were thickened, the lachrymal secretion excessive, and when in the light court-room a winking movement of the eyelids was constant. In a less dazzling light, and when engaged in conversation, the winking was much less frequent. When spoken to by his wife and other relatives, he replied slowly and in monosyllables. His eyes would sometimes become more suffused, but there was not the least change of expression in his face at any time. He showed no interest in his trial or his condition in any respect. In his interviews with the experts he admitted the murder, and seemed to think the act a justifiable one. He said he was not insane then, or at the time of the murder, but supposed he had been in 1846. His memory, especially of recent events, was impaired, though not greatly, and at times seemed better than at others. Without any appearance of caution in his replies, they were given after a pause, slowly, and in few words. His whole appearance was one of depression, weakness, and passivity. Only once did he show any active feeling, which was that of bitterness toward his enemies, who were the cause of all his misery. To them he applied the denunciatory language of the Psalmist, and showed his mind to be much occupied with Biblical images and conceptions.

Dr. J. B. Chapin, of Canandaigua, N. Y., and Dr. L. A. Tourtellot, of Utica, were present during the trial, and were

examined as experts on the question of prisoner's insanity. In deference to a late decision of the Supreme Court of Vermont, the presiding judge did not permit the direct question to be put, whether in their opinion the prisoner was or was not insane at the time of the homicide. Neither was their opinion on a supposed case corresponding to the testimony allowed to be given. The formal question was: "If the respondent exhibited the symptoms testified to by each witness in respect to his mental condition, what do they unitedly tend to prove in regard to his insanity." There was no important difference of opinion between these witnesses, and the substance of their testimony may be stated in a few words.

The facts respecting insane relatives of prisoner, the symptoms of mental disorder after injuries to head in early life, his feeble self-control and gloomy and suspicious temperament, were considered important as indicating constitutional tendencies in his case. His habits of excessive labor and carelessness of exposure must increase the probabilities that he would become insane. There was no doubt that an attack of true insanity was suffered by prisoner in 1846. From the previous history of Davenport, the development of this attack, the symptoms in its acute stage and in that of partial convalescence for a period of six months, the prognosis at that time as to a complete and permanent recovery would have been decidedly unfavorable. Dr. Chapin characterized the permanent mental condition of prisoner from the date of attack in 1846 to the present, as "unsoundness of mind." Dr. Tourtellot gave as his opinion from the evidence and from repeated examinations of prisoner during the trial that he had been "insane" throughout the same period. These views were permitted to be received by the jury nearly as delivered. It was explained, however, that the terms used by the last-named witness implied a greater degree of mental disorder than those of Dr. Chapin. The language of prisoner in letter, and also to witnesses respecting the war and famine, were, when taken with the other testimony, proof of insane delusion. His extravagant notions about enemies and

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the purposes of the boys also indicated insanity, when considered together with other facts. His attempt at self-castration was deemed of itself very strong evidence of insanity. In the circumstances of the homicide, the marks of premeditated design, the concealment of weapon and behavior of prisoner immediately after his arrest, there was nothing to prove mental disorder; neither was there anything necessarily inconsistent with the theory of insanity. Prisoner might have been able to distinguish between right and wrong in general, but he was unable, from his mental disease, to do so and to choose the right in the matter of the homicide. In the opinion of both medical witnesses, based upon examinations made at the time, respondent was then insane and not likely to recover.

In the closing arguments, Hon. Paul Dillingham, of respondent's counsel, claimed that although his client might have known the difference between right and wrong in the abstract, yet under the excitement produced by the boys' conduct, he had no control over his actions, and could not therefore be held responsible for the homicide. It was also argued, that the statement, by the boys who accompanied Wilson, of the circumstances of his murder, was not credible; that from the nature of his wound, Wilson could not have walked to the wagon, as testified to, but must have fallen dead at once, and was carried away by the others who were probably engaged with him in the struggle.

Hon. A. L. Miner, State's Attorney, claimed that although Davenport might have been partially insane, yet as he was able to distinguish between right and wrong, he must be held accountable for his acts. Against the attempt to impeach the testimony of Wilson's two companions, it was urged that there was no evidence whatever to rebut the facts sworn to by them.

We regret that we have not been able to obtain the points of the Judge's charge.

The verdict of the jury was, "Not Guilty, by reason of Insanity."

It was thereupon ordered by the Court that the prisoner be confined for safe-keeping in the State Insane Asylum at Brattleboro, until discharged according to law.

The above account of an interesting case comprehends, we are assured, all the important facts laid before the jury. It offers to the medical witness and expert in insanity many suggestive points, of which we can at present consider but few.

Upon what legal principles or decisions was based the ruling of the Court in this case, that medical witnesses can only be asked what certain facts, admitted or supposed, *tend* to prove in respect to the mental condition of an accused party, we can not positively determine. It seems most likely, however, to have been upon the ground that the general rule, by which facts and not opinions are properly admissible as evidence, should be rigidly adhered to. Now, there are two classes of exceptions to this rule, arising *ex necessitate*, and recognized as universally as the rule itself. The opinions of experts may be admitted upon matters which lie beyond the knowledge and observation of men in general; and a witness' opinion, based on his observation of facts, is admissible where from the nature of the facts it would be impossible fully to describe them in terms.

The quality of expertness is, of course, to give value to an opinion, and not certainty to a fact. When a nautical man is called to testify what a ship's captain might have done under certain circumstances, surely he is never asked what the direction of the wind, the force of currents, etc., tend to prove in regard to it. If he were, it would still be his opinion, which must be given in reply, and without this it would not be possible to give additional force to the facts in evidence through his superior knowledge. Just so with the expert in insanity. Neither substantial facts nor logical definitions can always describe a case of mental disease. In other words, there is no positive criterion of insanity. As the opinion of an artist upon the genuineness of a picture, and that of a ship-builder upon the sea-worthiness of a ship, are lawfully taken because

no scientific test is possible in such cases, so the judgment of an expert in mental diseases should be freely admitted.

But we need not dwell upon this subject. It is far from being the general disposition of American Courts rigidly to apply the rule excluding the opinions of skilled witnesses. The weight of numerous decisions in at least nine States, including Vermont, and in the U. S. Courts, is in favor of admitting—and we think very properly—the opinions even of non-experts as to mental condition, when based upon personal knowledge and experience. This view was adopted six years ago by the N. Y. Court of Appeals, all the judges concurring. The case was that of *Dewitt v. Barley and Schoonmaker*, (3 *Smith*, 340,) where the opinions of unprofessional witnesses as to the mental imbecility of a grantor were a part of the testimony. There is no reason, that we can discover, why this decision should not be extended to questions of active insanity. The opinion of a man whose opportunities for observing the talk and behavior of another have been great, ought as well to be received on the question of power of self-control under delusion or excitement, or knowledge of right and wrong, as on that of business or devising capacity. Not, indeed, that such an opinion should be admitted as of equal weight with that of an expert, but for the reason that important facts upon which it is based can not be presented to the jury except in this indirect way. In the trial of *Davenport*, a similar view was practically adopted. The witness who saw respondent when on a journey, only a few days before the homicide, was permitted to testify that from his looks and manner he thought him insane. And although the opinion of this man was based on a single brief interview, yet from its spontaneity and impartiality, and perhaps also its quality of expertness derived from the long association with an insane relative, it had a manifest influence upon the jury.

There was no question raised, it would appear, in this trial as to the type of insanity with which respondent was presumed to have been affected. Such an inquiry would probably have had the effect only to puzzle the jury as to the real

meaning of the medical opinions, and it was wisely omitted. It is greatly to be wished that this course might be oftener taken. For, respecting typical cases of insanity of course no question can arise as to whether disease is present. It is generally where faint marks of all the chief divisions of mental disease are seen blended together that uncertainty exists. This seems to have been the character of the mental disorder exhibited by Davenport. We could not with any accuracy speak of his case as one either of mania or dementia, according to medical definitions, or of active or passive insanity in the legal use of these terms. There was certainly delusion, in the non-technical sense, but there were not enough other symptoms of mania present to characterize that disease. Without the evidences of dementia the delusions could hardly have been considered insane delusions; and yet these evidences were not such as taken by themselves should relieve from the presumption of responsibility. In fine, this seems to have been one of those instances where a congenital tendency to mental disease is slowly and obscurely developed throughout many years, in a manner to defy our feeble efforts at classification and definition. It is these cases, especially, that need to be examined in the light of their entire history, by those whose experience of similar ones has been most intimate and extensive. Here, the number and character of the symptoms manifested, and all the particulars of their origin, disappearance and succession point to morbid changes in the brain, and compel the strong presumption that any violent act, whether or not clearly connected with a delusion, must have had its birth rather in the element of disease than in that of wicked intent.

Neither did the prosecution in this case lay great stress upon the point that an apparently rational motive for the homicide being found, and the act itself exhibiting nothing extravagant or unusual, the supposition of insanity is therefore to be excluded. If, however, as a celebrated writer has stated in this journal,\* "in a large proportion of cases proof of insanity is drawn chiefly from the character of the criminal

\* Dr. Ray on Moral Insanity, vol. xviii. p. 127.

act," then the absence of such proof affords a powerful argument in favor of sanity. It must be confessed that there is little to indicate insanity either in the manner or motive of the homicidal act of Davenport, as described. The deed was, if we do not go beyond itself in our inquiry, that of a man determined, at whatsoever cost, to satisfy a terrible revenge upon one who had long injured and annoyed him. And in our opinion sufficient ground for predicating insanity will seldom if ever appear in any single act. We very often speak of an insane act or an insane delusion as though in themselves they were essentially different from other acts and common delusions. But is there any kind or degree of error which has not been held to by sane men? Are not the motives of sane men often wholly incomprehensible to us, and the strangeness of their actions without parallel in our previous experience? To say, then, of almost any conceivable act, or of any single idea without reference to its relations with other ideas, or to its power to control the judgment, that it is insane, is to make a very rash and unwarranted assertion. The act of partial castration by Davenport was certainly a most singular and unnatural deed, and one for which it is impossible for us to conceive a sufficient rational motive. But the baser, and even the nobler, human passions have led to deeds still more unnatural and extraordinary, by persons whose soundness of mind could not be questioned. Hence, we think the opinion of one of Davenport's physicians, that the attempt at self-castration necessarily implied insanity, not to be well-grounded. Yet when taken in connection with other evidence, showing general disorder of the cerebral functions, this act afforded strong proof of insanity.

The behavior of Davenport on certain occasions after the homicide was such as to excite a suspicion of feigning. His seeming inability to recognize the medical man who called to see him soon after his arrest, and the different degrees of memory and intelligence which he exhibited under various circumstances, are instances of this kind. Now, although we seldom find in the criminal insane any marked exhibition of remorse or dread of punishment, yet it is well known that



the burden of a great crime often modifies most strangely the workings of a diseased mind. But we need not insist upon referring all the appearances of simulation in Davenport's conduct to this source. It must be admitted that a degree of feigning is not uncommon in cases of decided mental disease. This is a point scarcely referred to in the books, but is, we think, well worth being considered. No one doubts that the insane may have a certain degree of cunning, and that their imitative powers are sometimes remarkable. Why then should it surprise us to find the marks of simulation in their conduct? Yet the mere suspicion of feigning is of itself enough greatly to prejudice the plea of insanity, and where feigning is manifest, insanity is believed to be thereby excluded. The appearance of feigning noticed by the physician who examined Davenport and was not recognized by him, no doubt went far to convince the former that the prisoner was a sane man. Perhaps generally, to those who have not made a special study of the subject, the volitions which spring from morbid, and those from sinful, feelings seem entirely unlike, and even incompatible. This natural judgment of the mind certainly has its useful bearing upon questions which must be decided in a rough way, as human society is constituted. But the further we proceed in our analysis and comparison of mental phenomena, the more do we find that these seeming opposites are really linked in a close and indissoluble union. Still, psychological science has its practical value, in aiding the natural sense by which the awards of human justice are directed. The expert will discover insanity in cases where there is feigning, and on the other hand will detect the most skilful feigning in the conduct of a sane man. Indeed, the feigning of one whose mind is touched by disease may appear more perfect to him than that of a sane person who has gathered his notions of insanity from a limited reading and observation. Thus, happily, the causes both of justice and mercy are subserved by our efforts to advance the science of mind and its disorders.

## VAN DER KOLK'S PATHOLOGY AND THERAPEUTICS OF INSANITY.\*

TRANSLATED BY J. WORKMAN, M. D.

[This is a book of only two hundred and seventeen pages, but it contains perhaps more solid and useful information than many others of three times its size, on the same subject. The writer of it had, not very long before, enriched medical science by the production of his valuable treatise on "*The Structure and Functions of the Medulla Spinalis and Oblongata, and the proximate cause and rational treatment of Epilepsy*," a work of much merit, and evincing a great amount of anatomical research and patient investigation; a translation of which, by Dr. Moore, of Dublin, has been published under the auspices of the New Sydenham Society. Schroeder Van Der Kolk lived to see this work ushered into light, and had the gratification of witnessing its warm reception, not only in its original dialect, but in the sister languages of Germany and England. Not so, however, with his last contribution. For its appearance we are indebted to the pious affection of two pupils, Drs. F. A. Hartsen and P. Templeman Van Der Hoeven, who had for some time availed themselves of the author's instructions on the subject of insanity, in the institution over which he so long presided. These gentlemen have believed they could not better honor the memory of their master, or more suitably evince their appreciation of the lessons taught them by him, than by giving to the world the little treatise now before us. It is a compilation of materials left in their hands, by one who felt that he could not himself live to see its issue from the press. How earnestly and how exhaustingly the worn down old man must have labored over his manuscripts, all who occupy positions similar to his must well know. He knew that his

\*"DER PATHOLOGIE UND THERAPIE DER GEISTERKRANKHEITEN AUF ANATOMISCH-PHYSIOLOGISCHER GRUNDLAGE: VON J. L. C. SCHROEDER VAN DER KOLK, Professor of der Physiologie auf der Universitat Utrecht. Braunschweig: Druck und verlag von Friedrich Vieweg und Sohn. 1863."

life was near its close, but this was no cause of regret to him who had so long and well done the work allotted to him; yet Dr. Hartsen tells us that he wished to live long enough to enable him to lay before the world "this crowning work of his literary industry." "*Mit unnachlässigem eifer führte er das Unternehmen, gleichsam als fühlte er, dass seine Laufbahn dem ende zueilte, und dass er sich beeilen müsste, dass seine literarishchem Wirkssameit Krönende Werk der Vollendung zuzuführen. Wirklich ereilte ihn der Tod bei dieser Arbeit, er sphrach aber noch vorher seinen Wunsch aus, dass das Werk veröfentlich werden möchte.*" How simple, and how sad, the picture in so few words! It is simple, because we all realize its truthfulness; it is sad, because we all may recognize in it our own reflection. We all have some long-cherished purpose to accomplish, the *Vollendung* of which we would gladly live to see; but alas! perhaps, the labor is too great and too long, and before the end is reached it may fall to some kind friend to record, as Dr. Hartsen has here done, "*ereilte ihn der Tod,*"—it hastened his death.

We have selected for publication in the present number of the AMERICAN JOURNAL OF INSANITY, the second part of Schroeder Van Der Kolk's work, being the portion of highest practical importance to our readers; and, if we may say so, without derogation from the merits of the author, the portion most free from theoretic speculation. The first part is devoted to the Anatomy and Physiology of the Brain, and includes a most valuable Section on Inflammation of the Dura Mater.

Our author has adopted a very simple, but as it appears to us, a perfectly comprehensive classification of insanity; for, under the two great *Hauptgruppen* of *Idiopathic* and *Sympathetic*, all the possible forms and varieties of the malady may find a place: their position in the one, or the other, will be determined by the fact, whether the brain is *primarily*, or *secondarily* affected. If the diagnostic marks distinguishing these two forms, are at all times so clear as to enable us at once to assign to its befitting place every case brought under our notice, it would certainly appear to us that this

simple classification is, in every respect, the best yet proposed. In a practical relation it must be superior to any other; for it is suggestive of the most important of all the facts connected with insanity,—that is to say, the location of the physical disorder from which it proceeds, or with which it is, at least, necessarily associated. The author tells us that the two classes are distinguishable by peculiar diagnostic marks; and accordingly he proceeds with the detail of these. Under the head of "*General Symptoms of Idiopathic Mania*," he gives us a very faithful picture, if not of idiopathic mania *in globo*, certainly, at least, *in parte*. There is in it nothing unreal, nothing extraneous, but still it is not the picture in full. On reading this section we thought our author had found himself, like Sterne, when essaying to draw the picture of slavery, overwhelmed by the magnitude of his undertaking:

"I was going to begin with the millions of my fellow-creatures born to no inheritance but slavery; but finding however affecting the picture was, that I could not bring it nearer me, and the multitude of sad groups in it did but distract me, I took a single captive, and having shut him up in his dungeon, I then looked through the twilight of his grated door, to take his picture:"—and who will deny that Sterne's picture was a faithful one—*of that captive?*

Schroeder Van Der Kolk's picture of one of the varieties of idiopathic insanity, (that is, insanity primarily arising from disease of the brain,) is very faithful; so faithful that even a neophyte in hospital observance, can not fail to recognize the original. It is, in fact, a very graphic delineation of general paresis. As such it begins; as such it progresses; as such it matures, and as such he makes it end: "*Schliesslich pflegen wiederholte Apopleatische Anfalle zu Rommen, bis zulest ein heftiger Anfall der Art das traurige Leben des kranken endigt.*"

If the author's description of idiopathic insanity is as comprehensive as it should be, and as faithful over the entire field of his observation, as undoubtedly we do not deny it must have been over that which we would hope was only a part of it, the disease, which in England and France has been

conventionally termed general paresis, and with which, in America, we have too much acquaintance, though far less than our transatlantic confreres, must be very common in Holland.

It is a suggestive fact, that nowhere in his book, does our author, even by accident, (so far as we can recollect,) use the term general paresis.

Mrs. Stowe's *Uncle Tom* was no imaginary picture; it was true to nature. But *Uncle Tom's* character covers only a small portion of Negro-dom. So we believe as to Schroeder Van Der Kolk's picture of idiopathic insanity. We accept and admire his classification. It is as simple as it is practically useful; but we would extend its dominion, in this part, far beyond the limits within which his depiction of the symptoms would necessitate us to circumscribe it.

On the treatment commended by the author as suitable to idiopathic insanity, we desire to say but little. It is within the range of probability that, like other men, he has had his hobbies, and it is also probable that he may have ridden them cautiously. General bleeding appears to have been seldom patronized by him—probably indeed never had recourse to; for he does not say he has himself seen the necessity for this measure; and, through delicacy, he may have merely admitted the possibility of its requirement in certain hypothetical circumstances. This is among the gentlest forms of its repudiation; indeed, coming from the pen of so modest a man, it is hardly less than a condemnation.

The extensive and pretty free use of tartrate of antimony, recommended by Schroeder Van Der Kolk, will, we are inclined to think, be very reluctantly indorsed in this country, by those who have given it a fair trial. The following admonition is not without its merits: "*Bestand früher starke Esslust, so tritt diese beim Gebrauche des tart. emet. immer mehr zurück, Nur setze man das mittel nicht so lange zeit fort, dass die Esslust gänzlich verloren geht.*"

The "*starke Esslust*," which the Utrecht alienist includes among the peculiar symptoms of idiopathic mania, is, we are inclined to think, one of the *Uncle Tom* class. In this coun-



try, at least, we regard it as one of sable hue. Outside of the list of general paretics, we have not often, in cases of acute mania, during the exacerbation of the malady, observed that a very strong appetite was present; frequently indeed the opposite fact obtains, and is a very troublesome symptom to deal with. It is certainly well, as our author advises, not to push the tart. emet. to the extent of total destruction of appetite. Indeed we would advise stopping very far short of this point; for the reëstablishment of healthy assimilative function, in every sort of insanity, is, we believe, the best part of the treatment.

Schroeder Van Der Kolk's instructions on the subject of Sympathetic Mania, we regard as most valuable, and the very best we have yet seen. We are, however, inclined, to question the correctness of his views, as to the cause of elongation and deflection of the transverse colon. He does not support by autopsical discoveries, his assumption that this lesion is produced by impaction of accumulated indurated faecal matter; and, perhaps, for the best of all reasons, he had not, in such cases, found such accumulations present. But though he may never have so found them, this negative fact, prevented the inference by him, that they *formerly* did exist; and as their existence was required to sustain his theory, what more natural than his assumption? He informs us, however, that elongation of the colon has been met with in infants, as a congenital deviation, and that Monterossi believed that it was a frequent cause of death in many of them. We believe it has been met with in many insane persons who had never been affected by constipation to any remarkable extent: and it is certainly very often absent in patients who have labored under long and obstinate constipation.

The cautions given against irritant purgatives in the treatment of cases of insanity in which this affection may be present, are certainly deserving of the most careful consideration; for whether accumulated and indurated faecal matter may or may not, be lodged in the large intestine, these medicines must be contraindicated. If such matter is present, and the colon be in the state described by the author, acrid purgatives

will do no good, and must do much harm ; if not present, they are uncalled for.

Strictures in the colon, whether only momentary, and spasmodic, or permanent and structural, are not to be trifled with, much less to be tortured. Few medical practitioners have not had opportunity of witnessing the evil consequences of an ignorant or rash exhibition of strong purgatives in such cases. Constipation, resulting from such a cause, may resist the action of the most powerful purgatives ; and yet under a different, or quite opposite, treatment they might have been very readily and painlessly obviated. We have seen six grains of opium, in a case of such constipation, effect a rapid cleansing out of the colon, which we would not have dared to seek for by a purgative *so called*.

Is it beyond the limits of anatomical logic, to believe that elongated, or deflected colon, may, in the insane, sometimes, or often be a congenital condition ? Seeing that the deviation has been met with as such, in children, we can not see why it might not be met with in adults, as such ; and if so, it may be quite as rational to regard it as the cause of constipation, as the consequence of it. Monterossi may have found this abnormality often present in infants ; and yet it does not follow that it was always the cause of their deaths. Indeed it may not have been the cause at all, or only so very exceptionally ; for considering how frequent it is in the insane, and how long some of them must have lived with it as well as how few of them seem to have died *from* it, we can hardly admit that it is a very fatal lesion or abnormality.

Our limits do not permit us to extend these remarks so far as the importance of the subject might warrant. We are highly gratified to observe the prominence which Schroeder Van Der Kolk has given to it, under the head of Sympathetic Mania ; and we are certain the readers of this Journal will duly appreciate his observations. If we have in the preceding remarks, appeared to differ, on some points, from the author, we have done so, not because we undervalue his opinions, but the very contrary. It has seldom been our fortune to meet with any medical work, containing so much valuable infor-

mation, in so few words; he has written, not because he wished to publish a book, but because he had something—*much*, indeed,—valuable, to say. All who have studied insanity in the living book of every day asylum experience, and in its autopsical records, as divulged in the dead room, will feel, whilst reading it, as if they were conversing with a man who has travelled with them side by side;—has seen just what they have seen;—noted exactly what they have deemed notable; and reflected on all that he has observed, as they have themselves a thousand times been constrained to do. We would fondly hope that some more competent translator will soon honor this work with a place in our medical literature.]

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### A. IDIOPATHIC INSANITY.

It is not my purpose to lay down any exact rules, as to our general intercourse with the insane, or the most appropriate method of conducting the psychical treatment of their malady. A sound understanding and an adequate knowledge of human nature must, in general, serve us as better leaders, than numerous rules and examples, which may but seldom be found applicable to the particular case in which we may desire their aid.

To the physician, however, who has not had the advantage of thoroughly acquainting himself with this important part of medical science, in an Insane Hospital, I would offer such brief and appropriate instruction, as, with a practical reference, may prove beneficial, and may serve as a safe basis of treatment; and thereby I would also hope I may contribute towards averting a confused and inappropriate line of treatment in that period of the disease when the prospect of recovery is best, and that this most favorable point of time may not be allowed to pass unimproved, and the disease to take its course to the chronic form, when every prospect of recovery vanishes away.

THE VARIOUS FORMS AND DIVISIONS OF INSANITY.—With a view to a brief and appropriate description of the treat-

ment of insanity, it is necessary to premise certain leading principles on the nature of the disease, its proximate causes, and various forms; I can not however, enter upon any lengthened discussion of the various opinions which have been promulgated on these subjects; I therefore limit myself to the details of the results of my own many years experience, and numerous autopsical observations.

It can not but be manifest, that the brain, as that especial organ in which the mental powers immediately manifest themselves, is the part, which, in insanity and all mental disorder, paramountly suffers. We should however, seriously err, were we, in conformity with numerous authorities to seek to establish in this organ, the only source and cause of insanity. It, indeed, stands in very close relation with the rest of the body; and the influence which many organs exercise over it is manifest enough. I can not, however, overlook the facts, that from derangement of digestion, or too full a repast, a feeling of indisposition, and a sluggishness and indecision in the thinking power, become quite manifest.

It has been usual to detail the various sorts of mental alienation according to the variety of their manifestations, to designate them by the terms mania, monomania, melancholia, dementia, and idiocy. This classification is certainly adapted to the superficial distinction of these various forms, and deserves, therefore, to be retained: at the same time I must say I have never found it practically serviceable, since it has its source rather in the mere symptoms of the disease, than its nature and efficient cause. For many years past I have included the different forms of the disease under merely two chief groups, which with sufficient clearness exhibit themselves, either as idiopathic, or sympathetic insanity; and by peculiar diagnostic marks are readily distinguished; whilst with a therapeutic reference they merit our most serious consideration.

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the hereditary,—almost any cause may lead to the development of the malady.

On the other hand, in sympathetic insanity the brain suffers only secondarily, and the exciting cause lies in other parts of the body,—as the abdomen, or the organs of reproduction. From long continuance of this form, an idiopathic insanity may be developed; and it is certain that recovery can not in any case occur unless the primary cause is removed. Herein seems to me to consist the chief importance of this classification.

GENERAL SYMPTOMS OF IDIOPATHIC MANIA.—The symptoms manifested in *Mania idiopathica*, characterize this form with perfect clearness.

In the commencement of the disease there is observed merely an excited condition,—an arousalment of the surface of the brain, in conjunction with which there seems to be united, an accelerated circulation in the organ. The pulse is, in general, more frequent, not seldom it is hard and full; the countenance, in a majority of cases, is flushed, and the eyes sparkle; conjoined with these there is an unwonted tendency to motion, a certain hurriedness in every engagement, and in association with this disorder, the patient has the full conviction of perfect health, and asserts that he is quite well, and more active and strong than ever before, and declares himself capable of the greatest exertions, without the slightest fatigue.

Through the protracted excitement of the brain, and the consequent activity of the patient, sleep is frequently interrupted, or it disappears altogether; or perhaps he believes that sleep is no longer needed by him. This excitation, together with his rapid thought-flight, his incessant busy-working, and his heated imagination, brings to him the conviction that he is now much more able to undertake anything than he ever was before. That he can do more than other men, and therefore that he is greater than they are. He feels himself more distinguished, more judicious, more rich, or more powerful. The judgment is now no longer able to control the impetuosity of the ever-augmenting stream of his conceptions and ideas. His boundless plans and projects break down; yet his play is

with millions and with empires. Now have we no longer to do with a common man: he is a Cæsar, and commands the world.

In the commencement of this disease, which often slowly and almost unobservably progresses, the change which has been taking place, is, even by the patient's own family and relations, not always noticed. There is indeed observed a greater vivacity, and perhaps those around are gratified with the patient's assurance that he finds himself perfectly well; and the hitherto unheeded irritability and passionate outbursts under contradiction, too often, in the most painful way, suddenly disturb the peace of the family. In general, at the outset, the patient can control himself in the presence of strangers, so that they fail to observe anything amiss in him. In the further advance of the disease, his overturned projects, his senseless bargains and squanderings, his intolerable pride, and his inordinate self-esteem must open their eyes.

But such an excitation of the brain can not be without its influence on the rest of the body. The spinal marrow exerts itself with coincident greater and greater activity, and its susceptibility is more and more augmented. This susceptibility is hence diffused over other organs,—sometimes the intestines.

Hence, keen hunger and strong digestion, which, even to the extent of gluttony, frequently proceed; and conjoined with this condition not seldom is observed a strong inclination to free wine-drinking, or still farther, to indulgence in ardent spirits. Since the sexual function stands in close relation with the spinal marrow, it necessarily follows that this propensity is, in general, evoked; and sexual extravagances, in such a condition, are not uncommon. If the disease advances yet further, and through the overwhelming cerebral excitement and meningitis does not pass into complete frenzy, then there succeeds to the acute stage one more durable, in which the excessive vital activity recedes into more moderate limits, as the superficial grey matter of the brain more and more degenerates, and is transformed. The scornful outbursts

now manifest themselves only at intervals, or perhaps they cease altogether. The conceptions become more and more confused, and finally the unhappy victim falls into fatuity; and at the same time also appear paralytic symptoms, which tell us of serous effusion in the brain. Finally, repeated apoplectic seizures follow each other, and some formidable attack of this sort puts an end to the miserable existence of the patient.

That the bodily constitution, the sex and the age of the patient, modify the case, must be quite manifest; but pride, in some of its various shadings, is never absent. This mental peculiarity is, however, not as many have appeared to apprehend, to be regarded as the determining cause of the insanity. On the contrary it simply indicates its onset in the primary cerebral disease, and it is one of its earliest and most constant symptoms.

Cases are met with, (and in these probably the diseased affection is not with equal severity spread over the whole brain, or it advances slowly, and attains not a high degree,) in which the patient on only a single subject, or on a few isolated subjects, evinces mental aberration; whilst on all others he speaks rationally enough. This is a condition which, in many respects, has affinity with melancholy; excepting that in it the patient is not, as in the latter, downcast and low-spirited.

This form (*so called monomania*), is usually of long duration, and very difficult of cure.

In the male sex, in which the vascular system is more strongly developed, and in general more disposed to inflammation, idiopathic mania occurs much more frequently than in the other sex. It is a matter of astonishment how long a woman may suffer under intense mania, without the super-vention of paralytic mania, or dementia. I have seen cases in which women had continued for years in a maniacal state, and yet recovered. Among men this is seldom the fact, and such a protraction of the disease is more dangerous in them.

But not every case which is associated with great excitement, or even with intense delirium, belongs to the idiopathic

form. In very excitable and sensitive individuals, especially in women and girls, and above all in puerperal mania, cases are met with in which the brain has been vehemently aroused by extraneous agencies. This excitation proceeds not so much from the increased action of the vascular system, as from the disturbance of the nervous system, especially in hysterical persons. Although intense delirium may be present with the majority of the symptoms of idiopathic mania, yet in the cases now under consideration, *pride* and inordinate self-esteem are either absent or only of transient occurrence. The observing physician will, in these, generally be able to discover the inducing agency either in the uterus or some other organ which through reflex impression on the brain provokes its excited condition. Such cases will be easily conducted to recovery, after we have succeeded in removing the exciting cause, and quieting the general disturbance.

GENERAL SYMPTOMS OF SYMPATHETIC MANIA.—Sympathetic insanity, especially when it assumes the form of melancholy, presents symptoms altogether different from those of the idiopathic form. In general less excitement is observed; on the contrary the patients are usually silent, depressed and low-spirited; yet they speak and reason correctly on every subject; but they are overpowered by the delusion that they are wretched—the most wretched of all mankind. They blame themselves as the cause of their misfortune, and they fall into the most torturing anguish. This mental condition being associated with a sense of constriction in the precordial region, they confound it with the condemnations of conscience. They flee from their fellow-beings, hide themselves in some obscure corner, and in all their doings, and deportment, and their aspect, is easily to be perceived the profoundest misery and mental depression, which not unfrequently run into utter despair and determination to self-destruction. The brain, nevertheless, is not in high vital action. True, the patient is perpetually immersed in his miserable contemplations, yet is he not usually in an outrageous condition. Instead of the sparkling, glistening eye of the idiopathic maniac, we have a downcast look. Frequently,



indeed, congestion of the head appears, but only in a moderate degree; and though it seems warmer, and the carotids beat stronger, yet the hands and feet are unusually cool, and the radial pulse is small and contracted, so that a rather unequal circulation is manifested. There is a chronic or a mere passive congestion present. In general the point of the nose has a reddish color, and the ears also have a similar color, provided the congestion affects the medulla oblongata, rather than the anterior cerebral lobes.

Affections of the bodily organs—as the thoracic, abdominal, or the pelvic, which generally for some time had been noticed in the outset of the disease, become prominent; and through a careful observance of these we may, in the majority of cases, distinguish between idiopathic and sympathetic insanity. But sympathetic insanity, as I shall hereafter show, through the disturbance and alterations which it calls forth in the brain, not unfrequently passes over into the idiopathic form; whether it be that the melancholy illusions entirely cease, or that they lapse into dementia, the common result of all cerebral local diseases tending to degeneration.

I shall, with more precision and fulness, discuss the general subject when I come to speak of its special treatment. In the present chapter I have desired to exhibit some distinguishing marks by which the idiopathic and the sympathetic forms may be respectively recognized.

**ACUTE IDIOPATHIC MANIA.**—In idiopathic mania, as regards the progress and issue of the disease, we have to distinguish the acute and the chronic form.

Acute idiopathic mania is characterized by its greater intensity and shorter duration. It presents itself chiefly in young and strong subjects. The phenomena of cerebral irritation, and of meningitis, are manifested with bolder outline. The mental derangement is greater and more outspread, and the impetuosity of the paroxysms is more intense; the pulse is generally full and hard, the head hot, and the aspect greatly flushed, and frequently swollen; the eyes are brilliant, and their conjunctival coats are often injected, whilst the pupils are small, or reduced to mere points; the patient is

incessantly in motion; he can no more sit still than a person in a fit of wrath or fury; and in these commotions he often exhibits amazing muscular power; his delusions of greatness, power, and authority, transcend all limits; and associated with this terrible excitation of the brain—a most frequent concomitant—is total sleeplessness; the sexual propensity is usually increased; the appetite is, withal, usually very good, and as regards eating, or indulgence in wine or spirits, the patient, if unrestrained, is most immoderate. As a general fact, alvine evacuation is torpid.

The signal predispositions to this form of disease, are to be sought for, assuredly, in hereditary condition; in a sanguineous, excitable temperament, and in undue vivacity and mobility of mind. As proximate causes, every influence which operates with strong excitation on the brain, may be regarded as efficient; such as external injuries, sun-stroke, intense or long protracted mental effort, severe trials of the affections, or the abuse of spirituous, or other poisons, which have been absorbed into the blood.

The prognosis is, at the outset of the disease, on the whole, not unfavorable, provided the patient is submitted to appropriate medical treatment. But great prudence is necessary; for in the first attack relapses may occur, which very readily pass into the chronic form, or the case may advance with the formidable symptoms of meningitis, and terminate in apoplexy or paralysis.

In the first month of the disease, (at the latest the second or third month,) success in treatment is common; but after a longer duration we have to contend with the chronic form. I have seen patients within this period sink under severe meningitis; the autopsy showed copious effusion of plastic serum, remarkable fulness of the blood-vessels, high coloring of the grey substance, as well as a bright-red, and more or less spotted appearance of the white portion of the brain.

The cerebral membranes may, naturally, in this acute form of excited condition, pass over into inflammation of a very high degree. This depends, for the most part, on the constitution and age of the patient, or on the conditioning causes

of the brain excitation: and according to these facts must the physician direct his treatment. I have already (*vide part first,*) remarked upon the injury which a too copious, or a non-indicated abstraction of blood may effect. I have not, however, at the same time asserted that we are totally to abstain from venesection in this disease. Indeed it may even be urgently required. In robust constitutions, when the cerebral excitement and the meningitis are manifested by clear signs, and the pulse is full, hard and frequent, and the patient furious, we must have repeated recourse to the lancet. In the mean time we are not to forget that we are not here dealing with an organ equally excitable and richly vascular, as in pericarditis or pneumonia: that is to say, we must beware of taking a great quantity at once. If the brain is in a highly excited and susceptible condition, then may the change in the circulation, induced by a copious bleeding, evoke a new excitement, such as Pinel has already exemplified, and which I could verify by citation of some cases. After the bleeding a new paroxysm shews itself. How susceptible towards copious abstraction of blood the brain is, we may perceive from the fact that venesection is not unfrequently accompanied by a fainting fit, or even by convulsions.

The physician must here have regard to the general condition of the vascular system, and not merely to the furious disorder or paroxysmal phrenzy of the patient. If the vascular system is not much filled, then it is far preferable to place a couple of blood-cupping glasses on the neck—a measure from which I have seen the most signal results. These produce a far more effective derivation from the head than a venesection, which makes a general impression, and is suitable only to effect that which the cupping does not reach to, namely, the antagonizing of the general reaction of the vascular system. Leeches may also be indicated, certainly not behind the ears, but rather, with best effect, high up on the neck, where they may draw from the branches of the vertebral artery. They effect, however, no such copious derivation as the blood-cups; and the application of warm wet cloths on the neck, in order to prolong the bleeding, produces some

degree of heat and excitation, whereby the derivation by the leeches is counteracted. Often, too, the application of the leeches is fatiguing, because of the long duration of the bleeding; and the placing of the creatures on a restless patient causes much trouble. Some have applied the leeches during sleep. In order to derive directly from the brain, they should be placed on the frontal region, or in the vicinity of the eyes. From leeches applied during sleep, I have several times seen erysipelas produced, in consequence of the irritation on the susceptible skin, and the consequent swelling and congestion, overbalanced in their results, the purpose aimed at by the leeching. Leeches in the nasal cavities, indeed, act with powerful derivation from the brain; but it will be no easy matter to apply them there on an outrageous raving lunatic. The neck, in such cases, is the part, and high up, to be selected. But blood-cupplings, repeated according to circumstances, certainly merit preference.

It is manifest from the existing condition, that persistent cold applications to the head are indicated, or, according to circumstances, also ice, the donche, the dripping, or the shower bath; or coördinately with cold applications to the head, warm general, or foot baths.

On the other hand, blisters demand some forethought. If the patient is much excited and irritable, then the annoyance and pain of Spanish flies may injure, whilst the general system may be much disturbed; instead of quiescing, they but bring the active phantasies of the patient into still greater uproar. Every physician well understands that rest is necessary, and that every disturbing agency must be avoided, among which, above all others, the presence of many relations and friends stands first; and too much conversation, and too much light may be superadded. Among total strangers, and in the absence of all relatives, the patients, in general, are more calm, and more easily managed. Contradiction and argument in controversy of their delusions, on the part of their own connections are intolerable, and all the more so the more these persons formerly were inferior, and the less contradiction the patient has been wont to meet with from

them. Common servants, whom the patient has been wont to command, often affect the case injuriously, for he can in nowise bear to be opposed by them in carrying out his own will.

The use of inward means, such especially as operate on the intestinal canal, and by well-timed application may produce beneficial results, must not be neglected. But drastic and acrid purgatives irritate the intestines too severely; they provoke copious watery evacuations, and abdominal cramps, and tend rather to excite the patient than to calm him. If the bowels are torpid, as most usually is the case, a decoction of Senna with Tamarinds proves suitable: and to this some neutral salt, or a grain or two of tartar emetic may be added. Should copious watery evacuation result, then the mixture should be given less frequently, or be altogether omitted. Should much excitement be present, it may be better to give the tartar emetic in the form of powder, with sugar, or if strong vascular action be present, with nitre, especially when the appetite of the patient, as is often the case, is very keen. When the nitre has been persisted in for sometime, it may, thus associated cause disorder of the stomach; and in consideration of this, in such cases, I usually give the tartar emetic by itself. Many practitioners entertain the erroneous idea, that the tartar emetic must throw the stomach into an irritated condition and by this means operate as a derivative. If, however, it is exhibited in such doses, as to provoke sickness, or vomiting, then this powerful remedy tends much less to the reduction of the cerebral excitement, than if the stomach were not thus disturbed. The restlessness and excitement will be best soothed, when this medicine has been introduced in large quantity, without inducing sickness or diarrhoea. This depends on the form in which we exhibit it, or its combination with other medicines which tend to disturb the bowels, and also on the time at which it is taken.

I have, as already stated, found it to act best in the form of powder, and frequently in that of pill. If it is given in watery solution, it readily causes vomiting: in attenuation with water, it is more rapidly taken up by the vascular system,



so that very soon a considerable proportion circulates in the blood, where, as experiments by direct injection into the vessels of animals have taught us, through its operation on the centres of the nervous system, especially on the spinal marrow, it provokes speedy vomiting. But the powder, combined with sugar, is carried into the stomach with but little water; the solution is, therefore, more concentrated, and by means of the associated sugar, is thicker; the endosmotic absorption takes place more slowly, and vomiting is not so soon produced; and we may without difficulty, gradually proceed to larger doses than can be done when it is given in the watery solution. Hence, probably, it comes, that we can sometimes advance to very high doses, without causing vomiting. In two cases in which, by mistake, a drachm of tart. emet. was taken by insane persons, I observed neither sickness nor diarrhœa, and no other symptom than a certain degree of weakness. If we conjoin any vehicle whatsoever, the patient does not tolerate the tart. emet. in near so great a quantity as when it is unmixed. When, from torpidity of the bowels, a laxative is required, the decoct. cort. rhamni frangulæ will be suitable, provided it does not operate severely on the intestinal canal.

Vomiting occurs more readily when the tart. emet. is given at night. In general, I order it to be taken after breakfast and dinner, and in the evening before going to bed; and in the intervals, I direct some biscuit to be eaten. By such an administration we can more easily increase the doses, and thereby, also, the peculiar quiescing and depressing influence on the brain, is rendered permanently effectual, so that the patient is more tranquil, and lighter, and under this favorable change, frequently recovery rapidly sets in.

In many cases, though not so frequently in idiopathic mania, the tart. emet. is not tolerated, so that sickness, vomiting or diarrhœa very soon proceed from it. The intestinal canal is then thrown into a state of erethism, and we must endeavor to suppress this disturbance by some emulsion, or other soothing means; it would only injure, under this condition, to persist with the tart. emet.

But it often happens, that as the insane regard themselves as perfectly well, they will take no medicine. In such instances we may administer the tart. emet. with the food or drink; but this requires much prudence. Should we have begun with too powerful a dose, and the patient in consequence of sickness coming on observe it, or should he have detected the taste of the drug in his drink, then he will become surly and suspicious, and will think all his food and drink is poisoned, and take no more, especially if by the further use of the medicine his appetite becomes lost. This refusal of food is, however, most frequent in *mania sympathetica*.

If the appetite is at first keen, it always becomes less so under the use of the tart. emet. We should be careful not to push it to extinction of appetite.

If the patient improves under the tartrate, then the tolerance of it decreases, and the large doses, which during the early excitement he daily took, without any apparent impression, he can now no longer take without sickness or vomiting. The proper rule is, therefore, as follows: In the commencement, increase the dose every second day, or even every day, until indication of nausea is given, and then let the dose be stationary. If, in the further progress, the patient becomes more tranquil, or lucid intervals set in, which by recurring exacerbation are usually interrupted, though the persisting disease decreases, then must the quantity of the tart. emet. be reduced, just in proportion to the susceptibility of the patient against it.

Calomel and jalap, from which in the cerebral inflammations of children, we often secure signal results, I have not usually employed in mania. The brain affection does not pass by so quickly as in children, and consequently longer continuance of the medicine is necessary, and I have seen supervening salivation accompanied by much congestion. The trivially advantageous impression of this combination on the general system, induces, besides, a cachectic condition, and a prostration of the patient. In the convalescence, care should be taken that the patient is not too soon placed under the influences of the social circle. He always retains for a time a

certain degree of excitability, and I have frequently seen, when the necessary foresight in this regard was not observed, that, under the circumstances, an incurable relapse has taken place. Daily pleasure walks, in places free from exciting objects, are to be recommended; but for some time, jolly companions, coffee-houses, music, and every thing which may unsettle the mind should be shunned.

In the acute stage of idiopathic mania, if the patient is much excited, and strong cerebral irritation is present, all narcotics are to be avoided. In a couple of cases, indeed, I have seen by means of digitalis, particularly when given in infusion, quiescence induced in proportion to the reduction of the pulse by the medicine; but after its suspension, when it had been long continued, a fresh attack advanced, just as the pulse again arose. Digitalis has appeared to me to be, in general, merely a palliative. If we succeed in tranquillizing a patient by tart. emet., he is, in general, on the way to recovery; but we can not say so much as to digitalis. As to opium and morphia, I have mostly observed only injurious results through their excitation of the vascular system; mere perceptive dulness, or, perhaps, increased irritability have been induced. In other forms of insanity in which sensation is heightened, without manifestation of vascular excitement, that is to say, in sympathetic mania, they may operate very beneficially.

**CHRONIC IDIOPATHIC MANIA.**—Acute mania is not always conducted to recovery at its outset. The physician is perhaps called in, after the failure of an inappropriate treatment, or perhaps after nothing at all has been tried, and the time opportune to recovery may have passed away. Often, however, the most active treatment in the first stage of the disease may not suffice to prevent the issue of meningitis and inflammation of the cerebral surface. In all these cases the patient, if he does not succumb under the symptoms of acute brain inflammation, passes over, with more or less unfavorable indications, into the chronic stage. The severity of the disease is now on the wane; the maniacal disturbance has abated, and paroxysms of high excitement

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seldomer appear; but in place of the earlier changeable phantasies, when almost daily new ideas and plans came to the surface, there has now some fixed delusion entered. Instead of the former impetuous, far-reaching personages, the patients exhibit rather the character of silliness: they are now still, and in their delusions, a general confusion becomes constantly more manifest. At other times the greatest vivacity is evinced, whilst in all things they are governed by one delusion. Not unfrequently hallucinations are developed, especially in the organ of hearing, (and by these the prognosis is rendered very unfavorable.) The patient thus affected perpetually hears voices, by which he is followed, or he believes he hears maledictions and slanders, or as a prophet he receives inspiration from God, and is perhaps even greater than this.

In the multifold individual characteristics, upon which the sex, the education, condition, former habits of thinking, and the occupation in life have their influence, pride is still perceived as the ground tone in chronic idiopathic mania, in which the symptoms merely take a longer course. The patient, very often altogether in antagonism with his own interests, is ruled by certain delusions, which he can not suppress, and all reasonable conversation, by which his inconsistent and silly delusions might be demonstrated to him, has in general only the result of causing him to seek new premises on which he may vindicate them; and instead of being convinced of error, he but advances farther in it. If we touch upon these domineering ideas as little as possible, and draw the patient away from them, in the mean time engaging him at work in some other place, (for which end, above all others, labor and occupation in his own trade, when he is fit for it, are the best,) in this way we shall make the best progress towards cure; and in this way most surely will we secure quiescence of the mind, in spite of the frequent sallies of bewildering delusions. The signs of chronic congestion or of meningitis appear now more and more in the countenance; it has no longer a uniform deep coloring, but generally the point of the nose is darker, and in a strong degree of chronic inflam-

mation the parts above the eyebrows participate in this hue. In most cases the crown of the head feels hotter, and also the forehead and occiput; whilst, according to the more or less chronic course, the hands and feet are cool, the former appearing at the same time swollen and bluish. If we make pressure between the occiput and the first vertebra, often the patient feels an unpleasant, heavy pain in the head. This symptom indicates irritation and over fulness of blood in the medulla oblongata, which by means of cupping on the neck generally decreases, or totally disappears. The ears often appear red, a symptom which appears to proceed from congestion at the base of the skull, and in the vertebral arteries. The patient is usually subject to an insatiable hunger, especially if he has been in the first stage, not at all or inappropriately treated. Let him swallow as much as he will, he generally digests it rapidly, and but seldom suffers from indigestion, which is the more strange as evacuation is usually tardy, and requires the use of laxatives. If we put the patient on spare diet, he becomes ill-behaved, restless and sulky; by persistence in this course he grows weaker, and cachectic, or gangrene, especially in winter time, shows itself. I once saw this gangrene in a young man, who had fallen into furious madness, eventuate critically, so that the insanity immediately disappeared; this was the result of parsimony; he however lost the last phalanges on two toes.

In the further progress of the disease, especially when it takes a bad course, symptoms of paralysis frequently appear. We then often find the pupils unequal, and probably a slight apoplectic seizure has passed over unobserved; but the sight of both eyes is good. Sometimes, however, inequality of the pupils has existed before, having been congenital, and then of course it betokens nothing important. If it has first been associated with the insanity, then it is amongst the most unfavorable symptoms, and apoplexy is to be expected. As a general fact it indicates incurability, though I have seen cases having it recover. Frequently the pupils are much contracted, appearing as mere needle-points; this is always to be regarded as a sign of cerebral irritation. In addition, there

is accompanying impairment of the speech; this commences with a twitching of the angle of the mouth; presently the patient is able to pronounce only the first words, and stammers more and more as he proceeds. Cure of such patients is rare.

The prognosis in chronic idiopathic mania must naturally be unfavorable. It is so, however, the more severe has been the first stage, the more the signs of preceding meningitis, the more powerful the constitution was, and the more readily the vascular system is thrown into abnormal activity; and for these reasons also more unfavorable in men.

In the chronic form general bleedings are no longer indicated, and an apoplectic seizure would probably follow venesection; to this would succeed collapse, or the patient might fall into profound dementia. If the cerebral congestion is prolonged, as is usually the fact, and it is shown by head symptoms already noticed, by the reddening of the nose and ears, and increasing disorder or dulling of the mind, then blood-cupplings on the neck are indicated, or in their failure, leeching. The patient generally by these means becomes clearer in the head, but he readily falls back into his previous state, so that repetition may be indicated, in conjunction with the external employment of cold applications to the head, general baths, foot-baths, &c., &c. Blisters on the neck at this time suit well, as powerful derivatives; setons are also efficient. Many recommend the Autewreith ointment; and I have seen good results from it. But the patients often remove the bandage, and bedaub their fingers with the ointment, and thus get it into the eyes, which must be injurious. Besides, it has appeared to me that this painful means has often been more irritating than beneficial, and therefore I have of late years not used it. Sometimes the condition of the patient has required an issue in the leg, and I have noticed that a recovered patient, when carelessly he has allowed the issue to dry up, has suffered a relapse, which by renewal of this remedy has been removed.

We are to endeavor, further, to remove the complications, and to obviate the cerebral irritation and the consequences of

the early acute stage. For this purpose, as in the first rank, the tart. emet. is indicated; but in the exhibition of it the same prudential rules as have already been given, are not to be overlooked. We can not give such large doses as in the first stage; but neither are they required. In this chronic form, for the most part, a tenacious dulness and an enduring tonicity are observed; yet we must not give the tartrate in such doses as to irritate the intestines. Still some patients bear well even great doses, and the persistent exhibition leads frequently to a favorable result. In other cases, however, by continuance of the medicine he loses his appetite, or he suffers continuous sickness or diarrhœa, begins to emaciate, and presently here and there furuncles appear, or a breaking out about the lips is observed. Then is it high time to leave off the tartrate. If the symptoms of the insanity are still very serious, and it is important to have recourse to some curative means suited to the condition of the brain, we have, in sulphate of copper, a distinguished, but too seldom tried remedy. In rather a mild degree it operates, at once, quiescingly on the nervous system and the brain, and through its astringent property it serves as an appropriate tonic. I have almost always seen the appetite return, under its influence; and the patient who under the tart. emet. was running into emaciation and cachexy, has become well nourished, and at the same time the mental disorder has not unfrequently disappeared. It is to be given in smaller doses than the tart. emet., at first, say one-fifth of a grain daily, and then slowly increasing, that we may observe whether pain of stomach or nausea results. In numerous cases I have been able, even through a long period, to give large doses without evil consequences; in these instances it does not operate evacuantly, and pass rapidly through, as the tartrate so readily does. The sulphate of copper has this disadvantage, that we can not well give it unless in pill form, as through its unpleasant taste it is repulsive to the patient. If simply united with liquorice extract, it would be taken without opposition.

In some cases in which the tart. emet. operated hurtfully, and the sulphate of copper could not, because of the form,

(pill,) be at all exhibited, I have, with the same indication in view, tried the sulphate of zinc. It also affects not evacuation, but it operates less depressingly on the excited brain, and therefore I have seen but trivial results from it. To one patient whose excitement ceased under tart. antimony, but whose stomach would not bear it, the sulphate of zinc was given. He took two grains four times a day, without any sickness appearing; but the high activity and mental excitement again proceeded, and at the same time evacuation became sluggish, and laxatives were necessary. The sulphate of copper was now given; the excitement passed away, and the patient was cured. In another case I gave sulphate of zinc in one grain doses, four times daily, for several weeks, without any benefit; evacuation became sluggish, the tongue foul, but the excitement of the patient did not diminish.

Under ipecacuanha I have seen diarrhoea cease, but the ceaseless activity and mental excitement increase.

In some patients, in this chronic state, the physician must, because of the continuous excitement, give such depressing remedies as may render them actually quieter, more silent and peaceful, and also less subject to the torment of their own delusions. But as soon as we suspend the medicine, the previous disquietude and excitement return. This occurrence may be often repeated in incurable cases. Finally, in unfavorable issues, the irritability and excitement disappear, and then the patients fall into dementia, or into such a tolerable condition that in the asylum, because of their docility, they may be employed in an active and useful way. In many of these cases the excited state returns only now and then, especially in the spring and autumn; but through the means already mentioned the patients generally soon return to their quiet course.

Frequently the patients, in the chronic stage, suffer from constipation and tardy evacuation, a condition which seems to me to be associated with some affection of the spinal cord. This often requires the use of powerful remedies, such as decoction of senna with tamarinds. Latterly I have used a decoction of cortex rhamni frangulæ, (one ounce in eight,



with some syrup: two tablespoonfuls three to four times daily.) The watery extract of aloes also operates right well, and best in pill form, with a slight addition of tart. emet.; but as the latter in this combination readily causes nausea, it must be given in small quantity. If we give the watery extract of aloes by itself, then we should aim at a permanent benefit, and in a little time augment the dose, and still go on increasing. On the other hand if a little tart. emet. be added—say five grains in sixty pills, of which from two to four may be taken four or five times a day, then the irritability of the bowels increases, so that the earlier doses are no longer tolerated, then we must reduce the quantity constantly, until finally the medicine is no longer needed. Many practitioners order the extract to be taken only in the evening, or only morning and evening, in large doses; but from this plan I have often seen bad results. Aloes operates especially on the colon, and induces in these cases, as I shall hereafter shew it does in sympathetic mania, spasmodic contractions. In consequence of this irritation the hardened matter is not carried off, and the evacuations are irregular, and watery evacuations and constipation alternate. For sixty pills I take fifteen grains of extract aloes, with a little tart. antimony, and the necessary quantity of any bitter extract, and order two or three pills four or five times daily; but sometimes the doses must be increased. The tart. emet., because of resulting nausea, must often be omitted. The admonitions elsewhere already given on this head have force here.

The tendency to watery evacuations, which alternates with constipation, is a most troublesome symptom, and often very difficult of removal. I have often found the combination of extract aloes aquosum with sulp. cupri very beneficial, and have given it in small doses for months together. As to rhubarb I seldom use it, having always found it followed by constipation, and consequently injurious.

In order to alleviate the crampy contractions of the descending colon, we must sometimes add extr. belladonnæ. Usually the efficiency of the extr. aloes aquos. is by this addition increased, so that the latter may be given in smaller doses.

Those substances, also, which act especially on the spinal cord, as extr. nucis vomicæ, quinine, extr. secalis cornuti aquos., augment the activity of the extr. aloes aquos., and thereby often effect much good; but I have found the decoct. rhamni frangulæ most efficient, and therefore I would strongly recommend it. It has the peculiarity, that without causing gastric uneasiness or pain, it effects a complete cleansing out, and it has no disagreeable taste.

When a thick mucous coating of the tongue indicates a considerable irritation of the mucous coat of the digestive canal, then the extr. aloes aquos. in conjunction with muriat. ammon. is suitable, and by means of it this symptom disappears within a few days. With tart. emet. we must here be cautious. It will be decomposed by the muriat. ammon., and then we would have a more powerfully acting medicament.

When the intestinal tube is in an irritated condition, and its accumulated contents pass with difficulty, castor oil will render valuable service; but we should not persistently continue its exhibition. If a patient refuses all medicine, and we see that the mental disorder and excitement, in consequence of tardy evacuation, constantly increases, croton oil may often afford aid if we give it in powder form, say one-sixth or one-half drop, or even in greater quantity added to the food. Frictions on the abdomen may promote peristaltic action of the bowels; but I have, from the rubbing of croton oil on the surface, found no remarkable effect.

**HALLUCINATIONS.**—To the unpleasant and disturbing phenomena of the chronic stage, appertain hallucinations, or sensational creations, of which I have already recently spoken. They vary according to the various sensuous organs, whose modes of action on the nerves, and especially on the central seat of perception, induce any disturbance. They are not excluded from sympathetic mania, but they signally accompany idiopathic mania, and are here of altogether more especial significance. They most usually indicate a deep and immovable lesion, proceeding from transformation of the brain, which has been produced by an extension of the meningitis towards the basis and the foramina of the cranium,

which is very commonly followed by paralytic symptoms. But all hallucinations are not equally significant. Hallucinations of sight, in which the patient has deceptive perceptions of persons and spirits, occur not very frequently. They are often caused by congestion of the optic nerves, or of the corpora quadrigemina, and then they disappear on application of blood-cups to the neck, or through other derivative means. Without doubt, however, they may be associated with deep-extending and immovable transformations; but in general I have seen them pass lightly away. Not so trivial are we to regard hallucinations of feeling, if we reckon with them the well-known perception of jerkings and formication in the extremities, which are usually symptoms of congestion in the spinal cord or the brain, or the forerunners of apoplectic seizures. Facial sensational illusions betoken morbid change in the trigeminus, and are generally of unfavorable omen.

Aural hallucinations are the most common, and they are the most annoying, for they incessantly disturb the patient and sustain his insanity. In the fictitious sounds he believes he hears the voices of persons and spirits, who persecute him. We need not expect to convince him of the unreality of his own perceptions.

Removal of aural hallucination is very difficult. If the lesion has not existed too long, I have sometimes, by derivatives on the neck, cuppings, issues, setons, &c., succeeded in removing it. Sometimes this form of hallucination occurs in sympathetic mania, in which it is mostly associated with congestions in the uterus, and with menstrual disorder, and then they are not so persistent, and they are more easily removed. Upon the whole, I have found that a patient who only believes he hears an indistinct rustle, sooner recovers than others who hear clearly articulated words. The prognosis is so much the worse if these hallucinations proceed without any intermission. In many patients they are awakened by other sounds: for example, in the singing of birds they believe they hear voices.

After many fruitless experiments to remove these tormenting

symptoms, I finally came to the thought that these aural hallucinations very probably might have some local congestion, and a beating in the small arteries underlying them; for in autopsies of such persons I had often found the marks of a chronic meningitis in the fourth ventricle. I therefore tried the infusion of digitalis, in order to limit the arterial pulsation; and of all remedies this one has rendered me the most express service. Many times under the protracted exhibition of it, a decrease of the hallucinations has been effected, and finally their total extinction. In a couple of cases they returned when the remedy was left off, but they then manifested themselves in a different degree. Digitalis has in many cases, as may naturally be supposed, effected little change. In general, however, it has moderated the suffering, and rendered the condition of the patient more tolerable. I shall, in relation to this remedy, note here merely one case.

A man of forty years old, through abuse of spirituous drinks, fell into mania, with aural hallucinations, a fact not unfrequently observed. He believed he heard every where the voices of his friends, and it was necessary to place him in the Asylum. Because of high activity and redness of aspect, tart. emet. was given in increasing doses. He was thereby rendered more tranquil, but the hallucinations did not subside. An issue in the neck effected a reduction of them, but from time to time they returned. I now gave *datura stramonium*, a remedy applauded by many, but it effected no change. I then had recourse to *infus. digitalis*, and continued it a long time: the pulse came down to fifty, and the patient became weak, but the hallucinations ceased. The digitalis was discontinued, and the patient's strength was restored by other means, but the annoying symptom did not return. The man was so far improved that he was able to resume his occupation, though his mental competency had not yet attained its former degree of clearness.

Hallucinations are also manifested in the other senses. In general it is a bad sign when the patient believes every thing has a bad smell. The organ of taste is sometimes the seat of hallucination, and there are patients who will swallow all

sorts of refuse and filth—even their own excrement. This is generally a very unfavorable symptom, and indicates hereditary brain affection, yet I have seen two such patients recover.

Under the causes of hallucinations may be named every thing which may augment congestion of the head: sluggish evacuation, menstrual disorder, hemorrhoids, abuse of spirits, and above all, onanism. I have very frequently seen removed hallucinations re-provoked by onanism. In one case I had, by moderating the brain congestion, entirely removed the hallucinations; but after some time, during the convalescence, the congestion reappeared, in consequence of new indulgence in the vice, which, however, I was fortunately able to suppress. The patient informed me he had this time perceived only a humming noise, and not the voices, as formerly. I used evacnants, and depressed the vascular action, and by these means the noises ceased. The nose and ears, which during the attack were red, regained their natural color.

**SANGUINEOUS EAR-TUMOR.**—I have most frequently met with this affection in idiopathic mania. I have observed it only in men, a fact which has been stated by other authors—only a few cases in women have been instanced. The concha swells to the thickness of one or one and a half inch, or even more, and in consequence this part becomes misshaped. Sometimes both ears are affected. If we lay open the swelling, blood issues. Ultimately the concha remains more or less shrivelled.

As to the prognosis I have nothing decided to say. I have seen some patients, notwithstanding ear-tumor, recover; and this happened in one case in which both ears were affected. In others, and these the greater number, the insanity remained incurable. I have not seen any local evil consequences result.

The opening of the tumor is not always to be recommended, although in extreme distension it may be serviceable, and I have not observed any bad results from it. Resorption gradually proceeds without opening; but under poulticing suppuration takes place, and subsequently shrivelling.



The opinion may be entertained that this swelling is attributable to ill-usage. I have, however, seen one case in which an insane person made this complaint, but it was totally unfounded. This same person, at a later period, without any cause, had a similar swelling in the other ear.

CRISIS OF IMPROVEMENT.—If idiopathic mania has already passed into the chronic stage, recovery is usually very slow. The formerly enraged condition recedes, the patient is more tranquil, and passes his nights better. Conversation and rational facts make some impression on him; he is not so completely ruled by his domineering ideas, and he can again read and speak observingly, which he previously could not do. Intervals of lucidity, in which he is no longer in obscurity as to his delusions, appear still more frequently. Improvement now proceeds unobservedly, the patient encounters his delusion less frequently, and it is very advisable not to allude to them, unless he himself introduces them. Sometimes the insanity vanishes almost instantly, as if by a charm; but this is more common in sympathetic mania, in which the brain suffers only secondarily.

The chronic stage of the disease does not, however, always so progress that the excited condition recedes more and more, and recovery proceeds accordingly. Too frequently the adverse transformations manifest themselves. The patient becomes feebler, stiller, and apathetic; the pulse is small, the hands are cool, but the head always shows a higher temperature; the chronic *active* brain affection constantly approximates more and more to the *passive*, and the patient is threatened with dementia, or utter fatuity; and the first attacks of paralysis often show themselves in the articulation of speech, or in tremblings at the angle of the mouth. Under these circumstances the earlier form of treatment is no longer indicated; constant care must however be given to the regulation of the bowels, since constipation even now operates injuriously on the head, and thereby may hinder a possible cure. A stimulating method of cure is now appropriate, and the flores arnicæ are especially suitable. I give it as an infu-

sion, (one-half to two drachms in six to eight ounces,) and I add a little dilute sulphuric acid, to moderate the vascular excitement, or if necessary, some laxative. The doses are to be gradually augmented. From the well-timed exhibition of this medicine I have seen the most marked good results. The patients awake slowly, out of a sleepy, stupefied condition; they appear more lively, the hands are less cool, and the improved radial pulse indicates a more uniform circulation; the unmeaning aspect is lost, the eye is more lively, the appetite which, from the long use of tart. emet. had suffered, is increased, and nutrition begins; the cachectic condition, with tendency to furuncles, disappears, and recovery goes steadily on.

If the patient, on the other hand, becomes still weaker, and the cachectic condition increases; if tendency to diarrhœa, or a dropsical condition exists, and the patient constantly sinks, then I prefer *radix arnicæ* in decoction—one-half to one ounce, in seven ounces—two tablespoonfuls four or five times daily. Practitioners are not wont to give this valuable remedy, and especially in practice among the poor, the consideration it merits. The exciting principle of the *flores arnicæ* conjoins itself in this form with a more tonic property. This remedy has seldom failed me, when I have had to contend with colliquative diarrhœa. It does no less good, however, when no diarrhœa is present, and in many cases of chronic mania it has enabled me to secure improvement to the most hopeless condition. In patients also who have appeared exhausted from onanism, and who already appeared to have fallen into dementia, I have seen recovery take place through *radix arnicæ*: it depends on whether in the progress of meningitis, incurable degeneracy in the brain has arisen. I have with advantage exhibited the *flores arnicæ* and the *radix arnicæ* together, when a more powerful stimulation seemed to be required.

In general the employment of quinine will be superfluous when we use *radix arnicæ*: the former is certainly a tonic, but it lacks the stimulating influence over the nervous system

by which the latter is distinguished. In pauper practice the *radix arnicæ* commends itself especially, because of its cheapness. In far-advanced cachexia I have with good result often conjoined *flores arnicæ* with Peruvian bark.

If through the use of *arnica*, indications of cerebral congestion from the excitation of the brain, appear, we should try to obviate it by blood cuppings and other derivatives, on the neck. But sometimes the irritability of the patient is too strong, and from the use of *arnica* great excitement of the nervous system proceeds. In this case the chronic meningitis is yet in the active stage, and we must for a time return to a quiescing course of treatment.

*Radix arnicæ* is indicated in cases with involuntary intestinal evacuations and incontinence of urine, (a condition so often met with,) provided the condition otherwise of the patient does not forbid it. If paralytic symptoms appear; e. g. twitchings of the mouth in speaking, stammering, loitering gate,—then the *arnica* still operates beneficially; and in some cases of this sort, I have even seen recovery.

*Nux vomica* may, at the outset of paralytic symptoms, operate beneficially, and in the advanced stage, till dementia lays hold of the patient. However, I have more seldom seen good results from it than from *flores arnicæ*.

If the debility proceeds not so much from nervous discordance as from cachexia, and defective plasticity of the fluids, which is indicated by dropsical symptoms, and may even arise from progressing weakness of the nervous system, then is iron our best medicine. As a tonic it frequently benefits nervous affections without increasing the susceptibility of the nervous system.

Powerful derivatives may, in such circumstances, also be tried; as the unguent. *Autewreithii*, on the neck, or the apex of the head; but we must guard against purulent deposits under the skin, which by the protracted use of this remedy, readily form. We can also apply a moxa, on the scalp; for which purpose cotton-wool steeped in a solution of saltpetre, is suitable. I have frequently made an incision on the top of the head; and this is best in a transverse direction, so that the wound

better remains open ; and I carry it down to the pericranium. The incision is not very painful, and it is quickly made. The occurring flow of blood serves as a derivation at the same time. A couple of small peas may be set in the incision, in order to promote suppuration. I have seen two patients by this means restored. I have never seen evil results from this experiment, though I have frequent recourse to it ; but I must remark that other physicians have assured me they have seen them. If we fail in restoring the patient by this means, he gradually and persistently collapses, he becomes totally foolish and stupid, and generally frequent paralytic symptoms are presented. An apoplectic seizure usually at last, brings his unfortunate life to an end.

**STUPIDITY—TORPOR.**—This peculiar stupidity is to be distinguished from that condition of stupefaction and torpor which Etoc Demazy has well described. The patient sits immovable, without answering a question ; he never moves the eyes, the pupils of which however, are not enlarged ; he does not direct his attention to anything around him, and he appears totally without thought. In severer degrees of the malady, the mouth is not even ever shut, and the saliva flows perpetually over the chin ; hunger itself seems never to be felt, which is wont to cause disquietude to idiots. Both urine and faeces pass away involuntarily.

Etoc Demazy finds in this condition œdema of the brain, and I will not contradict him ; but I have not always found the brain soft, though compressed, and the convolutions flattened. Compression of the grey portion appears to me to be the real cause of this condition.

Etoc Demazy has seen some cases cured, but he admits that his therapeutics leave much to be wished for. In fact he recommends, without distinction, and in the same mixture, purgatives, diuretics, sudorifics, sialagogues, and revellants. He records one case in which a large blister over the head, brought about recovery.

Formidable as the symptoms may appear, we must not confound these cases with dementia, and regard them as incur-

able. I have seen more than one patient of this sort recover, mainly through incision of the scalp. In one case a seton, accompanied by the use of purgatives and emmenagogues, was effectual. Blood cuppings on the neck may also be beneficial.

DEMENTIA AND IDIOCY.—I shall not enter into a complete depiction of the various symptoms of Dementia, from the assemblage of which it makes itself clearly understood, for in it we have present an incurable condition. I shall merely state that such patients may by good treatment, be rendered quite tractable and useful; they are, in general, the most thrifty and laborious residents of insane asylums, and under gentle usage, they are easily led, and are very willing. The more appropriately the moral treatment is conducted, and the more cared for, in order that every annoyance and disturbance may be removed from them, so much the more tranquil is the asylum in which they are lodged usually found.

If apoplexy has occurred, then more or less of paralytic symptoms are observed. In some patients, memory suffers, and especially the remembrance of *words*: they then give to everything another name. For example, they speak of a house when they wish for food, and they are quite astonished and provoked if we understand not what they wish. Others lose memory totally, and now live only in their boyhood, the remembrance of which remains to them. Others become evermore paralytic, or epileptic seizures occur.

As regards Idiotism, or congenital insanity, I am totally silent. Here a little may be done by moral means, but by medical treatment nothing. This condition falls not within my province.

[To be Continued.]



## PENNSYLVANIA HOSPITAL FOR THE INSANE.

## DEPARTMENT FOR MALES.

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BY THOMAS S. KIRKBRIDE, M. D.

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The original Pennsylvania Hospital, of which the Pennsylvania Hospital for the Insane is a branch, was established as early as the year 1751, and was the first institution in America in which special provision was made for the care and treatment of the insane. Although in its early days it received some assistance from the colonial and State governments towards the erection of the original buildings, its main dependence has always been upon the contributions of benevolent individuals. It has always had two departments, one for the sick and cases of accidental injury, and the other for the insane. That for the sick continues to occupy the original site, on the square between Spruce and Pine and Eighth and Ninth Streets, in the city of Philadelphia, and is every year widely diffusing its benefits throughout the community. Into this building the insane, too, were received till the first day of the year 1841, at which date an entirely new structure, called the "Pennsylvania Hospital for the Insane," was opened for the reception of patients, and since that period no cases of insanity have been admitted into the building first referred to. This new hospital was located on a fine farm of 113 acres of land, two miles west of the river Schuylkill, between the West Chester and Haverford roads (now Market and Haverford Streets,) on the latter of which is its gate of entrance. The new establishment and the land on which it stands was provided entirely from the proceeds of sales of certain vacant lots surrounding the old building, which had never yielded any revenue to the hospital, and which originally had cost the institution but about \$10,000. Beginning with 93 patients, received from the parent institution, the number gradually increased, till, by the year 1853, every room was occupied, and from that time forward, even with almost constantly crowded wards, it became necessary to decline many cases that sought admission to the

hospital. Under these circumstances, it was obvious that new accommodations must be provided, or the institution could not maintain its high character, nor our own citizens find, within the commonwealth, adequate means for the treatment of the cases of insanity which were of such frequent occurrence. Believing that this institution possessed peculiar advantages for providing these additional accommodations, and that the experience which had here been derived from a careful study of the disease and a familiarity with the requirements of establishments for its treatment, could be made available in the erection of a new structure, it was suggested in the annual report for the year 1853, "that a new hospital, replete with every modern discovery and all the improvements suggested by a large experience, and capable of accommodating 200 male patients, should be erected on the 70 acres of land now comprising the farm of the institution, and directly west of its present inclosed pleasure-grounds; while the present building, with everything included within its external wall, should be given up for the exclusive use of a similar number of females." These suggestions were at once approved by the Board of Managers, and subsequently with entire unanimity by the contributors at their annual meeting in the year 1854. An appeal to the public for contributions to this object was soon after issued, a collecting committee appointed, and the result of their labors has been the erection, from this source alone, of an entirely new edifice, capable of accommodating in a very superior manner 250 patients, with ample apartments for officers, attendants, and others employed, and with every arrangement which seemed likely to promote the comfort and restoration of the sick, and the efficiency, usefulness, and economical management of the institution.

The Pennsylvania Hospital for the Insane, therefore, as now constituted, consists of two distinct buildings, each complete in itself, having separate pleasure-grounds and inclosures, both situated, however, on the same tract of 113 acres of land originally purchased by the institution. The hospital just completed is styled "the department for males," and

that which has been in use during the last nineteen years "the department for females." Both departments remain as heretofore under the charge of a physician in chief, and who now has as associate officers one or more assistant physicians, a steward, and a matron in each building.

The building now known as "the department for females," and the various improvements which from year to year have been added to the original structure, have been fully described in the eighteen annual reports which have already been published; and the character of the repairs and alterations now in progress, and which will tend to add greatly to the cheerfulness and completeness of its arrangements and the comfort of the patients, may be referred to in detail on some future occasion. It is intended to facilitate communication between the two buildings by means of the telegraph, and one of our citizens has offered a liberal contribution towards putting a wire suspension-bridge over the meadow which separates the two pleasure-grounds.

From the opening of the Pennsylvania Hospital to the year 1841, when it ceased to receive cases of insanity (a period of 89 years,) 4,366 insane patients were admitted. Of these 1,493 were cured, 913 discharged improved, 995 were removed by their friends without material improvement, 246 eloped, 610 died, 93 were transferred to the new building, and 16 retained at the date referred to.

In the nineteen years that the "Pennsylvania Hospital for the Insane" has been in operation, 3,360 patients have been admitted, and of these 1,656 have been discharged cured, 766 in various states of improvement, 312 as stationary, 363 died, and 254 remain under care.

The first stone of the new hospital, "the department for males," was laid on the 7th of July, 1856, and it was opened for the reception of patients on the 27th of October, 1859. It is situated in full view and on the western side of the building previously in use, at a distance in a right line of 648 yards, and in the midst of fifty acres of pleasure-grounds and gardens, the whole of which are surrounded by a substantial stone wall, covered with flagging, and of an average

height of ten and a half feet. The gate of entrance is on Forty-ninth Street (an avenue intended to be 100 feet wide,) between Market and Haverford streets, and by each of which, by means of horse railroads, easy access to Forty-ninth Street can be had at all seasons.

This new hospital faces the west, and consists of a centre building, with wings running north and south, making a front of 512 feet; of other wings, connected with each of those just referred to, running east a distance of 167 feet, all three stories high, and these last having at their extreme ends communications with extensive one-storied buildings. All the exterior walls are of stone, stuccoed, and the interior are of brick.

This arrangement gives provision for the accommodation of sixteen distinct classes of male patients in the new building, as the same number of classes of females are now provided for in that previously in use. Each one of these sixteen wards has connected with it, besides the corridors for promenading and the chambers of the patients and attendants, a parlor, a dining-room, a bath-room, a water-closet, a urinal, a sink-room, a wash-room, a drying-closet, a storeroom for brushes and buckets, a clothes-room, a dumb-water, a dust-flue, and a stairway passing out of doors, if desired, without communication with the other wards; and every room in the building, almost without exception, has a flue communicating with the fresh-air duct, for warm or cool air, according to the season (and hereafter to be referred to,) and with the main ventilating trunks which terminate in the various ventilators on the roof of the building.

The center building is 115 by 73 feet. It has a handsome Doric portico of granite, in front, and is surmounted by a dome of good proportions, in which are placed the iron tanks from which the whole building is supplied with water. The lantern on the dome is 119 feet from the pavement, and from it is a beautiful panoramic view of the fertile and highly improved surrounding country, the Delaware and Schuylkill rivers, and the city of Philadelphia, with its many prominent objects of interest. In the basement or first story of the cen-

tre building is the main kitchen, 42 by 24 feet, in which are improved arrangements for cooking: a scullery, 24 by 11; two storerooms, each about 20 by 22 feet; a trunk-room, 24 by 12 feet; a general clothes-room, a bread-room, a dining-room for the officers, another for the domestics, a lodging-room for the seamstress, another for the supervisor of the basement, a stairway to the main story, and a dumb-waiter leading from the kitchen to the cellar, and another to the upper rooms of the centre building. The cellars under the centre building, besides containing the hot air-chambers for that division of the house, have three distinct rooms for storage, which are ventilated by means of flues leading out through the roof of the house. In front of the basement, and under the steps and adjoining roadway, are the vaults for coal for the kitchen and bake-room, and the ice-house, the latter being ventilated as mentioned for the cellars, and carts unload into both, through openings in the blue stone flagging, which forms the roadway upon the arches below. Adjoining the ice-house is a small apartment, with stone shelves for keeping food cool in summer; and along side of the coal-vault is a space for the offal from the kitchen. There is also a small kitchen near the scullery, and intended for the superintendent's family, whenever it is required for the purpose. In one of the storerooms is a dark apartment, and in another the tanks for the oxygen and hydrogen gases used for the dissolving apparatus.

On the second or principal story is the lecture-room, 42 by 24 feet, in the lecturer's table of which, water, steam, and gas, for experimental purposes, have been introduced. It also contains commodious cases for apparatus, a black board running on a track behind the cases, and a smooth surface, 24 by 18 feet, at its eastern end, on which the dissolving views are shown. On the opposite side of the main corridor is a reception room for visitors, and a room for visits to patients by their friends, each being 24 by 23 feet. There are also on this floor two small rooms for more private visits, the medical office and library, which is also the assistant physi-



cian's office, 24 by 14 feet, with a small storeroom, containing a sink, &c., adjoining; the lodging-room for the assistant physician having charge of the medical office, with which it communicates; a general business office, which is also that of the steward, 24 by 20 feet; a manager's room, 24 by 19 feet, which is also the principal physician's private office; a parlor, 24 by 19 feet, for the use of the officers of the house; and a fire proof, 11 by 9 feet, in connection with the general business office. In the third story front are four fine rooms, each 24 by 21 feet; a corridor, 42 by 16 feet, shut off from the adjoining portion by a ground glass partition; a bathroom, water-closet, and clothes-closets, intended at some future day for the use of the family of the superintending physician, whenever such an officer may be specially connected with that department. There are also on this floor, chambers for the steward and matron, for the senior assistant physician, three others that may be used as deemed expedient, and a room, 24 by 11 feet, lighted from the roof, and intended for a general storeroom for the bedding and other dry goods not actually in use.

The corridors of the centre building, running east and west, are sixteen feet wide; those running north and south, in which are the stairways, lighted from the roof, are twelve feet wide.

The height of the ceiling of the basement in the centre building and of all parts of the wings and one storied buildings, except the upper story of the wings, which is one foot more, is twelve feet. The ceilings in the second or principal, and in the third story of the centre, are eighteen feet high.

The wings on each side of the centre building are almost exactly alike, except that on the south side in front, in the basement immediately adjoining the centre, is the ironing-room, 28 by 11 feet, with a drying-closet, 11 by 11 feet, attached, and in the rear the small kitchen already referred to and the lodging-rooms of the female domestics; while on the north side, in corresponding positions, are the bake-room, the baker's store and lodging-rooms, and the lodging-room of the hired men not employed in the wards. On this floor, on each

side of the centre, is also a museum and reading-room, 42 by 14 feet, and accessible either from the grounds or from the inside of the building, two work-rooms for the patients, two lodging-rooms for persons employed in the work-rooms, a bath-room for the officers and another for the domestics, two water-closets, &c. The portion of the wing just described is shut off from the adjoining part (which constitutes the fifth ward) by a thick ground glass partition; this ward having in it a large room, 29 by 24 feet, with a bath-tub and water-closet in a recess, another 24 by 14 feet, a third 23 by 11 feet, and five rooms 11 by 9 feet, a bath-room, drying-closet, and all the other conveniences already mentioned as forming a part of each ward. These apartments and arrangements are intended for patients who are particularly ill, and who require special quiet and seclusion, where they may be visited, if deemed expedient, by their friends, without annoyance to others, or interfering with the discipline of the house.

Besides the fifth ward, just described, and which is on the first floor, there are on each side of the centre, two other stories, each of which constitutes a ward, and with all the conveniences already referred to. The rooms are arranged on both sides of the corridors, which are twelve feet wide, and have their extreme ends mostly filled with glass; while wherever one wing joins another, there is entirely across it an open space for light and air, eight feet wide, glazed with small sash from near the floor to the ceiling; and in the middle of each ward, on one side, is a similar open space, all of which may be used for keeping flowering plants, birds, &c, for having small jets of water or any other object of interest, and which, in excited wards, may be guarded by ornamental wire-work. Each story of the return wing makes a ward similar to those just described.

Passing from the return wings into the supervisor's office, the one-storied buildings are reached. Each of these has provision for twenty-six patients and six attendants, and every arrangement for their comfort. The rooms are here on one side of a corridor ten feet wide, and at the end of each of those running towards the east is a cross hall, in which are

three rooms intended particularly for patients who from any cause may require special seclusion. One of the main halls is used for dining, and the other as a sitting-room. Between the dining-halls of these two wards (the seventh and eighth,) and made private by sliding doors, are four rooms intended for excited patients, who have special attendants. Opposite these last is a room 110 by 14 feet, with an arched ceiling 15 feet high, with skylights and windows out of reach, intended to be used as a kind of gymnasium, and accessible either from the adjacent garden and yards, or directly from the wards; and in the story below this is a room of the same size, in which are two fine bowling-alleys, with reading-tables, &c. Both these rooms may be well lighted with gas, and warmed by steam-pipe, so that they can be comfortably used in the evening as well as by day, and in all kinds of weather.

The arrangement of these one-storied buildings makes for each, two very pleasant yards, in size 110 by 54 feet, surrounded by broad brick pavements, and having grass in the centre, with an open iron palisade in front, giving a distinct though sufficiently distant view of two of the most travelled roads in the vicinity. There is also a yard, 343 by 72 feet, adjoining each sixth ward, fitted up as the others, and planted with shade-trees. Brick pavements also surround the entire building, making, with those just referred to and those in front, a continuous walk of 6,152 feet.

ENTRANCE.—The entrance to "the department for males," as before mentioned, is from Forty-ninth Street, between Market and Haverford streets. The gatekeeper's lodge has two comfortable rooms on the north, while on the opposite side of the gateway is a dead-room, and another for tools used about the grounds. Brick paths on either side of the main roadway lead to the centre building, and the space in front, planted with evergreen and ornamental trees, and having a fountain in the central grass-plat, is 325 by 175 feet. From the front platform eight steps lead up to the vestibule, and seven steps inside of the building to the level of the principal floor. Visitors passing into the centre building may go out upon a pleasant balcony on its eastern side, and overlook the im-

provements in that direction, but they cannot pass through the grounds.

Ten steps descend from the roadway to the pavement around the basement, which, except immediately at the front of the centre, where it is surrounded by a wide area, with sodded banks, is everywhere above ground.

There is also a gate on Market Street, near the engine-house, used for bringing in coal or other heavy articles, and another on the eastern side of the grounds, for the use of the officers of the hospital only.

ENGINE-HOUSE AND LAUNDRY.—The engine-house, 71 feet from the nearest point of the hospital building, is a substantial stone structure, 70 by 64 feet, and two stories in height. The character of the ground is such that carts drive into the second story to discharge the coal directly into the vaults below, and the level of the railroad in the cellar of the hospital brings it upon the second floor of the engine-house.

The first story, on the level of the ground on its southern and eastern side, contains vaults capable of containing near 500 tons of coal. Adjoining these vaults is the boiler-room, 30 by 17 feet, and opening into the engineer's work-room, in which will be placed lathes, grindstones, pipe cutting machines, &c., driven by the engines which are in the engine-room, 23 by 19 feet in size, and separated from the last by a glass partition; while further west, also separated by glazed windows and doors, is the fan-room and the tower for supplying fresh air to the main duct, which leads from it, through the entire building. The height of ceiling in this story is 17 feet, and it is arched over the engine-room and the engineer's work-room, so as to give a proper support to the stone floor of the room above. In the second story of this building, into which the railroad passes, is the wash-room, 27 by 24 feet; the room for assorting and folding clothes, 24 by 14 feet; the mangle-room, 43 by 8½ feet; the drying-closet, occupying a space 26 by 13 feet; a water-closet; and a large room over the coal-vaults and boilers, surrounded by movable

blinds, and intended for drying clothes without the use of artificial heat, for making soap, &c.

THE CARPENTER SHOP, 36 by 50 feet, is of frame, two stories high, and 45 feet from the engine-house, from which steam may be taken for warming it in winter. It has two rooms below, and a single large one above.

THE CARRIAGE-HOUSE AND STABLES make a neat stone structure, 57 by 36 feet, and two stories high. It has accommodations for six horses and as many cows, and the carriages required for the different purposes of the institution. The lower floor is of cement, brick, or blue stone. The piggery is in the yard in the rear of the stables, and there is a carriage-yard in front, both being surrounded by a stone wall.

SIZE OF ROOMS.—The height of the ceilings throughout the building, and the size of the parlors and of all the rooms in the centre building, have been already given. The ordinary size of the patients' lodging-rooms is 9 by 11 feet, while there are some in each ward of a much larger size, many of which have communicating doors, and are intended for patients who desire a parlor as well as a chamber, or for those having special attendants. The parlors in the first and third wards are 33 by 24 feet, and in the second, fourth, and sixth they are 23 by 30 feet. The dining-rooms are generally 23 by 17 feet. The bath-rooms are mostly 9 by 11 feet. Sixteen rooms in each one storied building have water-closets in them, firmly secured, and with a strong downward draught. The sides of doors and windows in patients' rooms are generally rounded, by being built of brick made expressly for the purpose, and smoothly plastered.

WINDOWS AND WINDOW GUARDS.—The windows in patients' rooms are almost universally 6 feet by 2 feet 9 inches, having twenty lights of glass, 6 by 17 inches, in each. In the front wings adjoining the centre, and in the third story of the return wings, both sash are of cast-iron, secured in wooden frames, so arranged as to balance each other, rising and falling only to the extent of five and a half inches, and doing away with the necessity for guards. In the other parts of



the return wings, and in the one-storied buildings, the windows are of the same size, have the upper sash of cast-iron, and immovable, the lower being of wood, rising to its full extent, and protected by an ornamental wrought-iron guard, securely fastened on the outside. A few rooms in each one-story building have small windows out of reach of their occupants, and intended for the temporary seclusion of very violent or mischievous patients. In other parts, as well as in this, wire screens inside of the rooms are occasionally used to protect glass, and ornamental wire-work is adopted in some of the parlors, at the ends of corridors, and in other similar positions, as a guard outside of the windows.

**DOORS.**—The doors throughout are made of the best white pine lumber. In the wards they are 1½ inches thick, 6 feet 8 inches high by 2 feet 7 inches wide. Each door has eight panels in it, one of which makes a hinged wicket, and what is commonly known as bead and butt, very substantially put together, and wherever special strength is required it is obtained by transverse pieces of iron let into the wood, or by plates of boiler-iron screwed on, and painted so as to resemble an ordinary door. Each door has a good dead-lock to it, and occasionally a mortise-bolt is added. Over each door is an unglazed sash, 31 by 17 inches, covered with fine wire on the inside, or a space 31 by 5 inches, which can be filled up at pleasure by a tight board or by wire. Lift hinges have been used for all these doors, which for patients' lodging-rooms always open into the corridors.

**FLOORS.**—The floors throughout are of the best yellow pine, cut to order in Florida, and piled up on the grounds two years before it was used. The boards are one inch and a quarter thick, varying in width from two and a quarter to four inches, and put down with secret nailing. Counter-ceilings is everywhere used. The only exception to this kind of flooring is in the two kitchens, the scullery, a space in the basement hall in front, the bake-room, all the sink, water-closet, and wash-rooms, the line between different wards, the entrance to the stairways, and the main wash-room in the

engine-house, which are of brown German flagstones, laid on brick arches; the engineer's work-room, which is paved with brick; the front of the boiler-room, which is of iron and blue stone flagging; and the engine-room, one sink-room, and all the ward stairways, which are of slate, admirably adapted to such a purpose, and from the quarries of Eleazer Jones & Co., at East Granville, N. Y., and which has also been used extensively for window-sills, stairways, and other purposes.

**STAIRWAYS.**—All the stairways in those parts of the building occupied by patients are fire-proof. The frame-work is of cast-iron, built into the brickwork on each side, and covered with slate, which has many advantages. The rise of these steps is only seven inches, and there are platforms every five or six steps, with convenient hand-rails on both sides, from top to bottom. They are all well lighted by windows by day and by gas at night. The well around which the stairs wind is used for hat or coat-rooms, for the different stories.

**PLASTERING.**—The inside plastering is what is called hard finish, composed of lime and sand, without plaster of Paris, except for ceilings, and well trowelled. This finish admits of being scrubbed for years without injury, and is at all times ready for painting. The outside of the building is roughcast, the material used being the pulverized stone of which the house is built and lime, to which an agreeable shade of color is given by a sand obtained in Montgomery County. Hydraulic cement is used near the ground in certain positions, in many of the sink and wash-rooms, in the kitchen and scullery, in the main wash room, and as a substitute for the ordinary wash-boards in many of the ward corridors and patients' chambers.

**ROOFING.**—The roof is of Pennsylvania slate, fastened on lath, and plastered with hair mortar on the under and upper edges and on the joints of the slate. The pitch is one-fourth of the span. The wafer from the roof is carried off, through four inch cast-iron pipes inside of the building, and easily accessible, into large drains leading into the main culvert.

**SEWERAGE.**—The main culvert is 2,032 feet in length. It is 35 inches from top to bottom in the clear, built of brick laid in hydraulic cement, egg-shaped, the smaller part being at the bottom. Beginning near the intersection of the north return wing and one-storied buildings, at which point it receives various pipes from the adjacent wards, it passes under the main chimney, by the engine-house and barn, and extends to Mill Creek, into which it discharges just before it reaches Market Street. Through this culvert all the drainage from the building and much of the grounds is carried off, being intersected by branch culverts at various points in its course.

**BATH-ROOMS, WATER-CLOSETS, &c.**—There are twenty-one bath-rooms and as many water-closets in the building, in addition to those in the patients' rooms. Sixteen are in the wards. Each bath-room has in it a cast-iron bath-tub, covered with zinc paint, and with improved arrangements for the admission and discharge of water through the bottom. In addition to the ordinary hot air flue, there is a coil of steam-pipe for direct radiation in each, so that when hot baths are used the temperature of the room may be made so high as to prevent the sensation of chilliness, when coming from the water. The water-pipes in these rooms are generally of galvanized iron, left exposed, so as to be readily accessible, and passing from story to story, through castings made for the purpose, so that in case of leakage the ceilings may not be injured.

The water-closets are of cast-iron enamelled, have no traps, but are open, so as to have a constant downward draught of air through them into the main chimney, as have all the sinks, bath-tubs, &c., in the whole establishment. The water is let on by the opening of the door.

The wash-basins in the wash-rooms are of marble, with strong swing-cocks. The sinks are of cast-iron, and have hot and cold water at each. There is also an iron hopper to each, and into which the slops, &c., are emptied. There are permanent fixtures for securing the towels in each wash-room. The drying-closets are sufficiently large to contain a bed, and,

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like the closets for buckets, &c., have flues leading into and from them, and thus secure a direct communication with the fan below and the ventilating ducts above. All these arrangements in each ward are clustered together, and have scarcely any wood in any part to absorb moisture or retain unpleasant odors.

**SUPPLY OF WATER.**—The new hospital is supplied with water from a well 25 feet in diameter, containing 50,000 gallons, and into which, as measured at the dryest period of the last year, is a daily flow of 30,000 gallons of excellent water. There is also a constant small stream of spring-water passing near the well, which can at any time be turned into it. By means of one of Worthington's combined direct acting steam-pumps, capable of raising 10,000 gallons per hour, this water is forced through 708 feet of six-inch cast-iron pipe into the four boiler-iron tanks in the dome, and from which it is distributed through the entire building. These tanks are 103 feet above the well, and contain 21,000 gallons. They are so arranged that one or all may be used at pleasure, have overflows, and pipes through which they may have the sediment washed out whenever deemed desirable. The elevation of these tanks is sufficient to secure the feeding of the steam-boilers when carrying a pressure of forty pounds to the inch. These tanks were made at the works, and put in place before the roof was on the building. It is intended that they shall always be about full of water, and a small pipe leading from them to the engine-house tells the engineer on duty when that is the case. There is also in the engine-room, a single Worthington steam-pump, capable of raising 5,000 gallons per hour, and intended to prevent any possible deficiency of water, should an accident happen to the larger engine. The rule is that both should be used some part of every day, so that in case of emergency there may never be a doubt of their being in working order.

The tank for supplying the centre building with hot water is 12 feet in length and 23 inches in diameter, and is placed above the cooking-range, the heat being supplied through

circulating pipe from a water-back behind one of the range fires, and is abundant for all purposes. The supply of hot water for the wards is derived from six iron tanks, placed in the most convenient points in the cellar, in which situations they are easily accessible, and leakages can do little injury to the building. The heat is derived from steam coils coming from the summer pipe (as it is called,) used for cooking and all other purposes except warming the building. The large steam-boilers at the engine-house are supplied with hot water by the condensed steam used in heating, which ordinarily returns to them by gravity; but when it does not, is received into an iron tank, and forced into them by a small steam-pump. The laundry has hot water from a large tank placed in the oven which covers the boilers, and through which the exhaust steam from the engines and pumps can be made to pass whenever desired, and which may be also used for feeding the large boilers. There are three wells of excellent water besides, at convenient points near the building, and which supplied all the water required in its erection. A fourth is now being sunk near the stables.

**LIGHTING.**—The hospital is lighted by gas from the city works on the eastern side of the river Schuylkill. The fine meter, from Code, Hopper & Gratz, is placed in the engine-room, and a record is made every morning of the consumption during the preceding night. Stop-cocks are placed at convenient points for checking the flow of gas through the main pipes, and the ordinary kinds of fixtures have been adopted throughout the building. The gas is also used for experimental purposes in the lecture-room, and for boiling water, &c., in the medical office.

**FURNITURE.**—The furniture is intended to be neat and plain, but of a comfortable and substantial character, the amount in the various apartments being in a great measure dependent on the character of the patients occupying them. Carpets of some kind generally cover the parlors, and some portions of the corridors and chambers. Wardrobes, tables, mirrors, and other conveniences are frequently added to the bedsteads,

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**FURNITURE.**—The furniture is intended to be neat and plain, but of a comfortable and substantial character, the amount in the various apartments being in a great measure dependent on the character of the patients occupying them. Carpets of some kind generally cover the parlors, and some portions of the corridors and chambers. Wardrobes, tables, mirrors, and other conveniences are frequently added to the bedsteads,

which are of various kinds, mostly of wood, but many are of wrought or cast-iron, painted of a light color, a few of which last are secured to the floor.

**HEATING AND VENTILATION.**—There is no fire used in any part of the hospital for heating, although provision for open fires has been made in all the parlors and in many of the other large rooms, should such an arrangement ever be deemed desirable. The only fires kept up in the building are those in the kitchens, bake and ironing-rooms.

In the boiler-room at the engine-house there are three large tubular boilers. Each of these has a furnace 5 feet 3 inches wide by 5 feet 3 inches long, and 7 feet 4 inches high. The shell is 17 feet 8 inches long by 4 feet 6 inches in diameter. Combustion chamber 4 feet long, and 98 tubes 2½ inches in diameter and 11 feet long. The total heating surface for each is 744 square feet. The grate surface is 20½ square feet. The escaping gases enter a common flue, and the draft can be regulated by a damper at the back end of each boiler, or the supply of air graduated by a register in the ash-pit door.

These boilers furnish steam for warming the entire hospital, and for driving all the machinery, pumping water, for ventilation, washing, cooking, &c. They are so arranged that one or all may be used at pleasure, either for heating or driving the machinery. The steam is carried from them in a five inch welded iron pipe, and after reaching the hospital building, it is distributed in eighty-three air-chambers, placed in its cellar, with direct flues leading from them to the apartments above. The gases from the boiler fires pass through an underground flue, four feet wide and six feet high, a distance of 557 feet, rising 31 feet in its course, till it comes to the foot of the main chimney, which is 78 feet above the surface of the ground. The chimney is built double, the interior being round, formed of hard brick, without parging, six feet in diameter in the clear from bottom to top, the latter being formed of cast-iron, while the foundation is of pointed stonework to a height of eleven feet, and the remainder of pressed brick. The underground flue alluded to contains the main



steampipe until it reaches the nearest point of the building, and also that portion of it which is carried to the north section of the hospital, and is immediately over the main culvert.

This chimney is made the ventilating power for securing a strong downward draft of air through all the water-closets, urinals, sinks, and bath-tubs in the entire establishment, and for this reason is placed in a central position on the eastern side of the building. The coils for heating are composed of welded iron pipes, three-quarters or one inch in diameter, and are in two sections in all the air-chambers, so that one or both may be used, according to the severity of the weather.

In the engine-room are two horizontal high pressure steam-engines, of fine finish, from the works of I. P. Morris & Co. They are exactly alike, each having a cylinder 10 inches in diameter, and a stroke of 24 inches. They are so arranged that either may be substituted for the other, and one may be made to do the work of both in case of emergency. Ordinarily one drives the fan, and is therefore a part of the ventilating apparatus, while the second drives all the other machinery. The fan, made by Wm. Sellers & Co., is of cast-iron, its extreme diameter being 16 feet, and its greatest width 4 feet. It is driven directly from the shaft of the engine, and its revolutions vary from 30 to 60 per minute, according to the requirements of the house. The fresh air is received from a tower, 40 feet high, so that all surface exhalations are avoided, and is then driven through a duct, which at its commencement is  $8\frac{1}{2}$  by  $10\frac{1}{4}$  feet, into the extreme parts of the building. From the cold air-duct, openings lead into the different warm air-chambers, which in the one-storied buildings are covered with slate; but in all other parts of the hospital these chambers and air-ducts are arched with brick, laid with smooth joints. The warm air in nearly all cases is admitted near the floor, and the ventilators open near the ceiling, always in the interior walls. The only exception to this arrangement is in the one-storied buildings, in which, in the patients' rooms, the warm air is admitted above, and the ventilators are taken off near the floor. All the ventilating flues terminate in the attic in close ducts, either of brick or wood, smoothly plas-

tered, increasing in size about thirty per cent. more rapidly than the capacity of the flues entering them, and by which, through the different belvederes on the roof, they communicate with the external atmosphere. In the centre building the ventilation is through the main dome.

All the pipe used for heating and water, the bath fixtures and water-closets, were made at the works of Morris Tasker & Co.—and the entire apparatus was arranged and put up by the institution, under the direction of its building superintendent. There is no leaden pipe used in the building.

**COOKING AND DISTRIBUTION OF FOOD.**—All the cooking is done in the central kitchen, which has in it a large range, with two fires and three ovens, a rotary roaster, a double iron steamer containing ninety gallons, a smaller one, iron outside and copper-tinned on the inside, containing forty-five gallons, and six of tin for vegetables, besides the vessels for tea and coffee. The food prepared in this room is put into closed tin boxes, which are lowered by a dumb-waiter to the car standing on the track of the railroad, where it passes under the kitchen, and is thus conveyed to the bottom of the various dumb-waiters, which lead directly to the different dining rooms above, of which, as before remarked, there is one for each ward. Each dining-room has a steam-table, with carving dishes on it, and abundant provision for keeping meats and vegetables warm as long as may be desired. The dumb-waiters are all controlled by the person having charge of the railroad; they are moved by a crank and wheel, and wire-rope is substituted for that commonly adopted.

The railroad is an indispensable part of the arrangements for distributing food. By its use a meal may be delivered in all the ward dining-rooms (eight in number) on one side—the extreme ones being 580 feet distant—in ten minutes after leaving the kitchen, or for the whole sixteen in twenty minutes. It also forms a very convenient mode of transporting articles from one section of the building to another, carrying clothing to and from the laundry, and gives a protected passage-way in going from the centre building to the engine-house, barn,

and work-shop, and for persons visiting their friends in the room set apart for the purpose between the sixth and seventh wards.

PROVISION AGAINST FIRE.—As already mentioned, no fires are required in the building for warming it, and gas is used for lighting. Wherever one wing comes in contact with another, or with the centre building, all the openings in the walls, which extend up through the slate roof, have iron doors in addition to the ordinary wooden ones, and which may be closed at pleasure. The floors of the kitchen and bake-room, in which alone fire is used, are of German flagstone laid on brick arches, and all the stairways in the wings are fire-proof. It is intended that there should always be about 20,000 gallons of water in the tanks in the dome of the centre building, and 15,000 gallons per hour may be placed there by the pumping-engines. A standpipe connected with this reservoir passes into every story and into every ward, in all of which it is intended to have a piece of hempen hose constantly attached, so that by simply turning a stopcock, water may be put on a fire almost as soon as discovered. A steam-pipe also passes up into the attic of each wing, and as one of the large boilers is constantly fired up, steam may at any moment be let into the building by simply turning a valve in the cellar. Hose is also kept near the steam-pumps, so that it may be promptly attached, and water thrown, on the barn, carpenter shop, engine-house, and contiguous parts of the hospital. A watchman is constantly passing through the house at night, and by means of two of Harris' watch-clocks, as made by H. B. Ames, of New York, there is no difficulty in ascertaining, not only how often each ward is visited, but almost the moment the visit was made, and of course the time taken in passing from one ward to another.

LAUNDRY ARRANGEMENTS.—The clothing, bedding, &c., collected in the different wards, after being sent to the cellar, are conveyed from that point by the railroad to the room for assorting clothes in the engine-house, and thence into the large wash-room, in which, besides the usual washing, rinsing, and

blue tubs and soap vat, is one of the valuable Shaker washing-machines, in which six different kinds of clothes can be washed at the same time, and a centrifugal wringer, both of which are driven by one of the steam-engines. From the wringer the washed articles are taken to the drying-closet, in which, by means of the heat derived from the exhaust steam from the engines passing through a large amount of cast-iron pipe, and fresh air from the fan, they are in a very few minutes made ready for the mangle (also driven by steam power,) or folded and taken by the railroad to the ironing-room near the centre building, to which they are raised by the dumb-waiter already referred to, or are sent directly to the principal clothes-room, from which they are distributed by the same route, as they may be required in the wards. All the divisions of the washing-machine, of the rinsing and washing tubs, have hot and cold water and steam introduced directly into them, and the water from them all is carried off under the stone floor of the room to one of the iron columns below, through which it passes into the culvert on the outside of the building.

PLEASURE GROUNDS, GARDENS, AND YARDS.—This new hospital is situated in the midst of its pleasure grounds, embracing about fifty acres, and from most parts of which are fine views of the surrounding country; the boundary wall being so arranged, from the natural character of the ground, or made so by excavations, that little of it can be seen from any part of the building that is occupied by patients. There are two pleasant groves of natural forest trees within the inclosure, and several hundred others, evergreen and deciduous, that have already been planted or collected for the purpose, will give an ample amount of shaded drives and walks. A carriage-road has already been made on the inside of the wall, throughout its extent, and winding by the gardens and terraces around the buildings, will ultimately be two miles long. The foot-walks are not to be less extensive, and the brick pavements about the building have been already mentioned. There are also, as may be remembered, three pleasant yards on each side of the building, and connected directly with the adjacent wards.

The vegetable garden will contain about eight acres, and is in full view from the north side of the building. Flower borders have been made near to and around the entire structure. The only fences inside of the inclosure are to give privacy to the patients in the yards, or to prevent those walking about the grounds from approaching certain parts of the building.

**COST.**—Without a statement of the cost, no account of such a building and such arrangements as have been described would be at all complete, and especially not of one like that under notice, which is entirely the offspring of the benevolence and liberality of a community, a result of practical Christianity, and a generous recognition of the paramount claims which such afflictions of our fellow-men have at all times upon our interests and our sympathies. The style of architecture is plain, and all useless ornament has been studiously dispensed with; but wherever the comfort and welfare of the patients were concerned, everything has been done in a thorough manner.

The amount of money paid on account of the new building and its varied fixtures and arrangements, up to the present time, is \$322,542 86, and a further sum of about \$30,000 will be required to meet the other liabilities that have been incurred. Of this total sum, \$20,276 28 have been for the boundary wall and gate-house, \$2,241 46 for the carriage-house and stabling, \$800 for the carpenter-shop, \$4,456 03 for machinery of different kinds, \$23,612 37 for heating and ventilating apparatus, \$15,201 47 for grading for building, planting, and improving the grounds, and \$10,441 73 for furniture.



## BIBLIOGRAPHICAL.

## REPORTS OF AMERICAN ASYLUMS.

1. Report of the Trustees and Superintendent of the Maine Insane Hospital, December, 1862.
2. Reports of the Board of Visitors, Trustees, Treasurer and Superintendent of the New Hampshire Asylum for the Insane, June Session, 1863.
3. Twenty-sixth Annual Report of the Officers of the Vermont Asylum for the Insane, August, 1862.
4. Thirtieth Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Mass., October, 1862.
5. Ninth Annual Report of the Trustees of the State Lunatic Hospital at Taunton, Mass., October, 1862.
6. Report of the Board of Trustees of the Massachusetts General Hospital, (McLean Asylum) for the year 1862.
7. Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, January, 1863.
8. Thirty-Ninth Annual Report of the Officers of the Retreat for the Insane, Hartford, Conn., April, 1863.
9. Twentieth Annual Report of the Managers of the New York State Lunatic Asylum, for the year 1862.
10. Third Annual Report of the Inspectors and Superintendent of the New York Asylum for Insane Convicts, at Auburn, for the year 1862.
11. Report of the State of New York Hospital and Bloomingdale Asylum, for the year 1862.
12. Report of the Resident Physician of the New York City Lunatic Asylum, Blackwell's Island, for the year 1862.
13. Annual Report of the Resident Physician of the Kings County Lunatic Asylum, for the year ending July 31, 1862.
14. Report of the Physicians of Brigham Hall, a Hospital for the Insane, for the year 1862.
15. Annual Reports of the Managers, Superintendent, Treasurer and Steward of the New Jersey State Lunatic Asylum, for the year 1862.
16. Report of the Pennsylvania Hospital for the Insane, for the year 1862.
17. Annual Report of the Managers of the Western Pennsylvania Hospital, for 1862.

18. Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania, 1862.
19. Report of the Physician and Superintendent of the Insane Department of the Philadelphia Alms-House, for 1862.
20. Forty-Sixth Annual Report of the state of the Asylum for the Relief of Persons Deprived of the Use of their Reason, for 1862.
21. Report of the Board of Managers and Medical Superintendent of the Kentucky Eastern Lunatic Asylum, for the year 1862.
22. Twentieth Annual Report of the Mount Hope Institution, near Baltimore, for 1862.
23. Twenty-Fourth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, for the year 1862.
24. Eighth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum, for the year 1862.
25. Annual Report of the Board of Directors and Officers of Longview Asylum, for 1862.
26. Eighth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum, for the year 1862.
27. Annual Report of the Commissioners, Superintendent and Treasurer of the Indiana Hospital for the Insane, for the year 1862.
28. Biennial Report of the Board of Trustees of the Michigan Asylum for the Insane, for the years 1861 and 1862.
29. Eighth Biennial Report of the Trustees, Superintendent and Treasurer of the Illinois State Hospital for the Insane, for the years 1861 and 1862.
30. Tenth Annual Report of the Trustees of the Insane Asylum, California, for the year 1862.
31. Annual Report of the Trustees of the Hospital for the Insane of the State of Wisconsin, for 1862.
32. Report of the Medical Superintendent of the Provincial Lunatic Asylum, at Toronto, for the year 1862.
33. Report of the Medical Superintendent of the Orillia Branch Lunatic Asylum, for the year 1862.
34. Report of the Medical Superintendent of the Malden Lunatic Asylum, for the year 1862.
35. Report of the Medical Superintendent of the Provincial Lunatic Asylum, St. Johns, C. E., for 1862.
36. Report of the Medical Superintendent of the Rockwood (C. W.) Lunatic Asylum, for the year 1862.
37. Fifth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, Nova Scotia, for 1862.

1. The general statistics of the Maine Hospital for the Insane, for the year ending Nov. 30, 1862, are as follows: Admitted, 125; discharged, 119; remaining, 258. Of the number discharged, 57 were recovered, 24 improved, 19 unimproved, and 19 died.

The annual report again refers to the necessity of further provision for the insane of the State. During the year a number of incurable patients have been removed from the Hospital to Alms-houses, to make room for more urgent cases. To meet the demand for further Hospital accommodations, the Superintendent suggests the addition of one hundred feet to the respective departments for males and females. This would give room for a hundred more patients, and in the opinion of the Superintendent, meet "all the demands of this kind for several years to come." The Trustees say in their report that, the present prices of board will not be sufficient to meet current expenses. They have therefore, raised the rates for State patients from \$2 00 to \$2 50 per week.

2. The Trustees of the New Hampshire Asylum for the Insane express satisfaction at the financial condition of their trust; and that they are enabled, notwithstanding the enhanced cost of provisions, to continue the present rates of charge. These rates, however, are greater than the advanced charges in the Maine Asylum, and the institution has the advantage of a permanent fund, and during the year received between seven and eight thousand dollars additional, in legacies.

The Superintendent reports as admitted, during the year, 101; discharged, 69; recovered, 30; improved, 22; unimproved, 17; died, 16.

In reference to the premature removal of patients from asylums, and the state of incurability frequently induced by such a step, Dr. Baneroff makes the following remarks:

"A portion of those discharged improved and unimproved were susceptible of further improvement with longer residence, but the terms of their residence depended on the decision of persons not prepared to give a patient and thorough trial to any definite plan of treatment; and so they have been left without most of the aids to recovery on the one hand, and exposed to the dangers of a relapse on the other. Our

experience, on this point, does not differ essentially from that of others in charge of hospitals for the insane. On the part of those who act as guardians or advisors of insane persons, there is frequently an entire failure to comprehend the time, patience, and perseverance in treatment, required for a recovery in most cases; and, if a radical mitigation of symptoms is not manifested in a very short period, a state of impatience ensues, and a disposition to abandon the effort by removal of the patient, and to try some other experiment. I have no doubt that many curable cases are sacrificed in this way. Cases occur to prove that for many months no sensible effect may follow treatment, and yet, after unwearied perseverance in the indicated course of treatment, complete and permanent recovery will follow".

3. The Vermont Asylum received during the year 98, and discharged 119. Of the latter 41 were recovered; 16 improved; 24 unimproved; and 38 died.

Touching the causes of insanity the Superintendent, Dr. Rockwell observes:

"We have failed to see as many cases produced by the progress and results of the war as might be anticipated. The fears, the anxieties and suspense of those who have had some dear relative in their country's service; the affliction and grief of those whose affectionate objects have died on the battle-field or in the hospital, not to mention the fears of those who suffered intensely lest they should be drafted to sustain and defend their country and its liberties, all have had their influence, if not in producing, at least in giving a form to the insanity of the time.

"On the other hand, the general, if not universal desire to lessen the hardships of a soldier's life, and to promote his comfort and welfare, while in his country's service, has called forth that generous labor, and awakened that disinterested benevolence, and diverted the mind from its personal trials and afflictions, the tendency of which is favorable to the preservation of mental soundness."

We quote the Trustees' description of the disastrous fire which destroyed the centre building and adjoining male wings:

"At two o'clock in the morning of the 21st of December last, the fire was discovered in the room directly over the furnace in the male wing, immediately adjoining the centre building. The stairway which led from one story to another, and made of combustible materials, was directly over this fur-

nace, and served as a means of communicating the fire to the upper parts of the wing. In consequence of a high wind, the flames extended rapidly to the centre building, which, with the male wings, were entirely destroyed, excepting the outer walls of the wings. The walls of the centre building were rendered entirely useless. The fire companies were immediately on the spot, and prevented the fire from extending to the female department.

"By the extraordinary exertions and well-directed management of those who had the care of the patients, they were removed to a place of safety, while nearly all of the furniture and other property in the consumed buildings were destroyed.

"By appropriating the large Marsh buildings, which previously were only partially occupied, and the female infirmary, for the accommodation of the male patients, they were made quite comfortable, and especially so, as soon as a portion of them could be removed by their friends.

"Measures were immediately taken for rebuilding what had been destroyed, and we are happy to state that the whole will be finished this season. The Trustees have endeavored to have the whole work thoroughly performed in the most substantial manner. They have spared no reasonable expense that would promote the comfort and convenience of the inmates. Great improvements have been made in the general plan of the buildings, and in the means of preventing fire in the future."

4. In the Worcester Hospital, the admissions for the year were 221; the discharges for the same period, 204; 124 were discharged, recovered; 39 were improved; 7 unimproved and 34 died.

In a retrospect of the curative and financial advantages derived by the State during the thirty years, this Hospital has been in operation, the Trustees observe:

"The hospital has received into its wards, and taken the care of, six thousand six hundred and sixty-three insane persons. Of these, it has given three thousand one hundred and thirty-one back to their homes and the world, to usefulness and the common enjoyments of their families, society, and to the usual responsibilities of citizenship.

"Of the thirty-five hundred and thirty-two who were not restored to health, twelve hundred have been improved, their violence has been subdued, their excitability calmed, their pains assuaged, and their delusions controlled, in such a meas-



ure, that they could live at their homes, be comfortable in their families and neighborhoods, and partake of some, or even many, of the blessings of society. \* \* \* \*

"According to the life-tables, these three thousand one hundred and thirty-one men and women lived or will live an aggregate of 84,886 years after they regained their health, and 82,090 of these were working and self-sustaining years, before they arrived at the period of dependence in old age. Making, however, some deduction for those that would have recovered by other means if the hospital had not existed, and also for the periodical cases whose years of health were cut off by every succeeding attack, yet both of these deductions will not very materially diminish the total sum of 84,886 years of usefulness and enjoyment and the 82,090 years of labor and self-sustenance, that have been given back to these patients, and through them to society and to the Commonwealth, by the labors and influence of the hospital.

"It must be farther considered, that insanity, if not removed, is a life-enduring disease, and although, with its causes and conditions, it shortens human life, it does not destroy men at once. Mr. Le Cappelain, of London, calculated the value of life to the permanently insane at the several ages. Taking his tables and the common tables of the expectation of life of the sane, it is easy to see the comparative chances of living in mental health and mental disorder.

*Expectation or probable duration of Life.*

AGE.	SANE.	INSANE.		
		Males.	Females.	Average both Sexes.
20, . . . . .	36.32	21.31	28.66	24.99
30, . . . . .	34.54	20.64	26.33	23.46
40, . . . . .	30.48	17.65	21.53	19.59
50, . . . . .	24.89	13.53	17.07	15.60
60, . . . . .	18.77	11.91	12.51	12.21

"At these rates, the three thousand one hundred and thirty-one who were restored, would have lived 54,911 years, if their malady had not been removed, through all of which the State, towns and people must have cared for and supported them.

"The hospital then has done this double work. It has taken away a burden and given back a support. It has cut off these 54,911 years of insanity, which were or would have been a heavy tax upon the sympathies and a draft upon the

resources of the community, and given back in their stead, as many and fifty per cent. more years of aid and labor to the body politic, and the cost of this great boon to the Commonwealth has been merely the expense of supporting and caring for these three thousand one hundred and thirty-one, through an average of somewhat less than six months for each one."

The Trustees discuss at length the injudicious policy pursued by the State towards its Insane Hospitals. They complain that its practical effect is to give the benefit of hospital treatment and support to the State paupers, (93 per cent. of whom are aliens,) and virtually to debar from these privileges the town paupers and independent patients.

"The law requires the hospitals to receive, support and treat these alien paupers, but limits the payment from the State treasury to two dollars and sixty-two cents a week, which is less than the actual cost. The hospitals have no property of their own, no income, nor resource, except the payments made for the board and care of patients. They have no other alternative but to charge upon the other patients the deficiency in the payments for the State paupers, or the excess of the cost of supporting and treating these over the allowance made by the laws."

After an examination of the policies of different States, in support of hospitals, the Trustees remark:

"It is not necessary to go abroad to find the connection between the terms of admission and support, and the readiness with which people avail themselves of hospital privileges for the cure or custody of their insane friends. We have proof of this in our own daily experience. Our Irish patients go free and stay without cost, and they are sent early and have the best opportunities of restoration. The Americans go at their own cost, and pay all and more than all of the expense of their support, and consequently a large proportion are kept away, some for months and years, as long as their friends can endure or take care of them, and many for life, because their friends lack courage or money to take due advantage of the means of restoration so largely provided in the State. In 1859, 97.5 per cent. of all the foreign and only 58 per cent. of the native lunatics then living in the State had been sent to some hospital.

"If from the beginning, our public hospitals had, by favor-

ing legislation, been made as accessible and available, and offered on as easy terms, to the American as to the Irish insane, and if the popular sentiment and general custom had induced the native families to send their lunatics to these institutions, in as large proportion as the foreign families send theirs, then these seven hundred and thirty-one, or that proportion of the people annually attacked, would have left but a small number to be permanently deranged, and Massachusetts would not have the great insane population which, in 1854, was twenty-six hundred and thirty-six, and probably is not less now."

The report has some pertinent observations on the confinement of the criminal insane with "honest, untainted patients." As a remedy against this evil in the State of Massachusetts, the Trustees propose "that the Governor and Council be authorized to make provision for the custody and treatment of the insane convicts of Massachusetts, in any suitable place in or out of the State; provided they think it for the interest of the Commonwealth to do so."

The suggestion that follows will provoke a smile from those already acquainted with the crowded condition of the asylum at Auburn:

"The New York Criminal Lunatic Asylum is sufficiently large to accommodate twice as many patients as the State furnishes of this class, and many more than the State probably will furnish for years to come. A larger number would allow a better classification, and could be more easily and advantageously managed. It has been intimated to this Board, by some person having official connection with that asylum, that the managers would be glad to negotiate with the authorities of this or any other State, to receive and treat patients of this class, on about the same terms as are paid for the patients of New York."

We should be glad to make further quotations from this able and interesting report of the Trustees, but must conclude with the following extract, respecting the insufficiency of amusements as a substitute for useful occupation:

"But all the amusements that can be brought into the hospital fall short of the wants of occupation. They are insufficient to occupy all the patients, or even any of them, through as many hours of the day and as many days of the year as

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they are willing to, and can, be employed with advantage to themselves.

"The American and Irish people, especially those classes from which our public hospitals receive their patients, are utilitarians. They work much and play little. According to their training and habits, they busy themselves on farms, in shops, factories, and elsewhere, working upon things that require definite and successive processes, and have a valuable end and useful purpose. In these ways, they get their greatest sum of enjoyment. Work is their permanent occupation, and amusement is their occasional relaxation. They love to spend their few hours a month, some more and many less, in bowling and dancing, in playing cards, chess, gammon, or in some other amusement, and want no more. But they spend their eight, ten, or twelve hours a day, from Monday to Saturday, from January to December, from the beginning to the end of their vigorous lives, in cultivating the earth, making shoes, building and repairing houses, attending machinery, &c, and ask for no change. Amusements serve but to give a cheerful tone to the graver business of life, as condiments give a pleasant relish to substantial food, but both would be wearisome and offensive if used alone."

5. The Taunton Asylum received during the year 208 patients, and discharged 150. Of the latter, 87 were recovered; 12 improved; 51 unimproved; and 43 died.

Dr. Choate records the interesting fact that:

"During the past year, for the first time, the admissions have not exceeded those of any previous year, being forty-four less than during the year immediately preceding. Nearly the whole decrease has been in males, of whom there have been thirty-four less admitted than during the year before. An easy explanation of this fact would seem to be found in the great diminution of the male population of the State by the departure of so many thousand men to the seat of war. Perhaps a slight diminution may also have been caused by the supposed necessity imposed upon the town authorities for increased economy in their expenditures, and the supposed saving made by keeping lunatics in their own receptacles."

And of the influence of the war in the causation of insanity:

"The records of the past year would seem to show that, although the present unhappy condition of our country may ultimately be followed by an increase in cases of mental disturbance, as yet the excitement which attends it has not been

unfavorable to mental health. There cannot be a doubt, I think, that to the majority of minds it affords rather a healthy excitement, engaging enough of the attention and interest to prevent that intense absorption in other matters, which is so frequently the cause of insanity. The excessive fervor of religious zeal, the too absorbing devotion to Spiritualism and other exciting subjects, and even the too intense anxiety occasioned by pecuniary embarrassments and domestic trials, are all, to a certain extent, balanced as it were, and moderated and regulated by the healthy anxiety presented to the minds of all by the changing fortunes of the great strife for constitutional liberty and good government.

"But when this anxiety and interest have passed away under a settlement of our national difficulties, and at the same time the misfortunes of war, the deaths of friends, the pecuniary losses and embarrassments, and the bad habits of idleness and excess formed in camp life, begin to be more sensibly felt, there is too much reason to fear that there will be a considerable increase in mental disease."

6. The McLean Asylum admitted during the year 82 patients, and discharged 94. Of the latter, 39 were recovered; 27 improved; 10 unimproved; and 18 died.

The Superintendent, Dr. Tyler, speaks of the past year as "a red-letter year for the asylum."

"The completion of the edifice, for the accommodation of the most demonstrative forms of mental disorder, makes an era in the history not only of this institution, but also of asylum construction and architecture. The means afforded for its erection were ample; the time and careful attention given to all the details of its arrangements, were without stint, and the result in the present admirable structure is more than satisfactory. Spacious and cheerful apartments, commodiously furnished, free admission of sunlight, thorough ventilation and comfortable temperature, architectural beauty within, and pleasant surroundings without, access at will to the grounds, all are attained in consistency with the entire safety of the occupants."

Dr. Tyler records fewer admissions than usual, and remarks that "terrible and many as are the evils resulting from the war, the increase of insanity does not yet seem to be one of them," and he philosophizes as follows upon this immunity:

"The cause is universally felt to be a vital and righteous one,—that of government against anarchy;—of law against rebellion;—of all that is right against all that is wrong. Here, then, exists an object of attention of universal and absorbing interest, great in magnitude and infinitely various in detail, and in its nature dignified and just, which is and must be thought of daily by every one. Insanity introverts the thoughts. Self becomes the prime object of thought and concern. Now just as insanity is relieved by awaking and fixing the attention and interest upon what is outside of self, so is its occurrence likely to be prevented by the operation of the same agencies, and with probabilities corresponding to the attractive power of the objects presented."

Still, he admits that the war has produced some mental disease :

"The intense loneliness of a deserted home; the apprehension of harm to the beloved ones away; the shock of the fatal event when at last it comes, have in some instances unsettled the reason. And a few, too, have come from the camp and the field with a brain damaged by overwork, excitement, and exposure."

The considerations upon the premonitory symptoms of mental disorder, are interesting and suggestive, but our space will not allow us to notice them.

Dr. Tyler alludes to the great loss the institution has sustained during the year, in the decease of the Hon. Wm. Appleton and Dr. Luther V. Bell, and pays the following deserved tribute to the memory of the latter :

"For nearly twenty years Dr. Bell held the position of Superintendent of the Asylum, identifying himself with all its interests, and directing its daily management with a comprehensive skill, sagacity and forecast, a purity and elevation of purpose, and a scrupulous faithfulness to every relation involved, which secured for him, for those entrusted to his care, and for the institution, the happiest and the most abundant results. The accuracy and variety of his knowledge, the soundness of his judgment, and his remarkable faculty of adapting means to ends, meet one here at every step, while the recognized method of treatment, the traditionary usages and rules of the house, bear the indelible stamp of his thorough and exact comprehension of the needs of the insane, and his wonderful tact in providing for them. His active and command-

ing intellect, his extraordinary attainments as a scholar, philosopher and psychologist, his extensive knowledge of everything pertaining to the phenomena, management and history of insanity, his able and long continued efforts and success in diffusing and establishing correct views of the nature and treatment of the disease, have justly caused him to be regarded as one of the most distinguished of the many great men who have ever adorned the medical profession. His inbred sense of honor; his entire removal from all meanness and duplicity; his sterling integrity and inflexible moral courage; his keen sense and ardent love of right, leading him to its defence, in utter disregard of any personal consideration, and in the face of any obstacle, and qualifying and inspiring all his every-day life, and yet with no touch of pharisaical exactness or pretension, commanded the admiration and respect of all who knew him, and gave him an uncommon power of personal influence, while it made him of inestimable worth as a friend. His courteous and dignified bearing; his gentle manner and quiet humor: his inexhaustible store of anecdote and useful information, gave him a wonderful charm as a companion. Strong, though not demonstrative, in his feelings; warm in his attachments; he loved his home, his friends, and his daily associations, and devoted himself to their welfare. He loved his country, and felt the severity of her fiery trial; and faithful, as always, to his convictions of right and personal obligation, he gave her as his last offering, the rich accumulation of his experience, and—his life: a brilliant example of lofty Christian patriotism.

7. There were 36 patients admitted to the Butler Hospital, and 39 discharged, during the year. Of those discharged, 17 had recovered; 7 had improved; 10 were unimproved; and 5 died.

Dr. Ray devotes a large part of his report to the consideration of the question of non-restraint. After briefly reviewing the miserable condition of the insane in former days, and the happier influences which now surround them, and which are due to the reformatory spirit of the present century, he says:

“In this retrospect we may also discern an incident characteristic of most reformatory movements—the tendency to run to opposite extremes; and perhaps I could not better use this occasion than to consider it with some degree of particularity. The reformer’s creed frequently contains but a single article of belief, namely this, because a thing is bad, there-

"The cause is universally felt to be a vital and righteous one,—that of government against anarchy;—of law against rebellion;—of all that is right against all that is wrong. Here, then, exists an object of attention of universal and absorbing interest, great in magnitude and infinitely various in detail, and in its nature dignified and just, which is and must be thought of daily by every one. Insanity introverts the thoughts. Self becomes the prime object of thought and concern. Now just as insanity is relieved by awaking and fixing the attention and interest upon what is outside of self, so is its occurrence likely to be prevented by the operation of the same agencies, and with probabilities corresponding to the attractive power of the objects presented."

Still, he admits that the war has produced some mental disease :

"The intense loneliness of a deserted home; the apprehension of harm to the beloved ones away; the shock of the fatal event when at last it comes, have in some instances unsettled the reason. And a few, too, have come from the camp and the field with a brain damaged by overwork, excitement, and exposure."

The considerations upon the premonitory symptoms of mental disorder, are interesting and suggestive, but our space will not allow us to notice them.

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fore the directly opposite thing is necessarily good. The effect of this fallacy has been strikingly manifested, for instance, in the controversy, not yet settled, respecting mechanical restraint as applied to the insane. Everybody admits that it has been grossly abused, but an immense difference prevails as to the practical inference that should be drawn from the fact. While it leads one party to use it for proper purposes and in a judicious manner, so as to secure its benefits and avoid its evils, it leads another to disuse it altogether as an unmitigated wrong. Of course, abundant reasons are offered for the correctness of each of these conclusions, and they are not without their force; but—in accordance with a common phasis of belief—they have probably less to do with actual opinions, than a state of feeling antecedent to all reasons. This accounts for the difficulty of arriving at the truth in all questions of practical reform; but the number of those who learn from it a lesson of caution against hasty conclusions will always be small. In the present case there is a touch of the romantic in the idea of managing the insane entirely without mechanical restraint, and solely by moral suasion or the gentle laying on of hands; and when first announced, it is not strange that it was taken at once into public favor. It had all the eclat of a great discovery, worthy of being compared with that of anesthesia or the vaccine virus; and in England, where it originated, it needed more than an average share of moral courage to regard it with the slightest distrust.

Dr. Ray regards the tendency in our specialty to reason from a special to a general, as another source of error, and the premature conclusion that "what is applicable in one case is no less applicable to all. Diversities of disease, of previous management, of natural character, may all be ignored, and some procrustean plan regarded as embodying all the wisdom worth retaining. A patient long subjected to mechanical restraint improves under its disuse; therefore no patient requires it, and complete non-restraint must be the unexceptionable rule. Another is annoyed by the sight of locks and guards, and which, in fact, are unnecessary for him, therefore they are annoying to all and unnecessary for any. Another desires to go out unattended, and undoubtedly is all the better for the privilege, therefore unrestricted freedom in this particular should be the general rule. Deductions like

these may seem somewhat puerile, but they are scarcely exaggerations of what have actually been made."

The true end to be kept in view in the management of the insane is to meet the exigencies of each particular case, and therefore it is unwise "to give up a provision which is known to serve an excellent purpose, because in the hands of the careless and heartless it has been made an instrument of wrong." Dr. Ray considers risks inevitable in the management of the insane, but that such risks must "be carefully distinguished from those which involve the welfare of others or tend only to glorify individuals."

"If an attempt to benefit a particular patient by some exercise of risk, applicable solely to him, fail, he alone is affected, and if the circumstances fairly justified the attempt, he cannot complain. But if, while it is applied to one person, its consequences fall upon another, then the latter has good reason to be aggrieved. When a sanguine believer in non-restraint systematically exposes his patients to the assaults of those who are inclined to such mischief, in the vain expectation that any practical amount of vigilance can obviate actual harm, he will hardly be able to justify the occurrence of unpleasant casualties by pleading the common good. The sufferers would reply, and very properly too, that they were placed under his care for their own particular good, and not for the purpose of enabling him to work out some favorite theory. And they might also say that they were so placed, mainly for the purpose of being saved from themselves and others."

Dr. Ray regards mechanical restraint as the only reliable safeguard against the violent tendencies of a patient, as the prolonged continuity of attention necessary to this end is not to be looked for in attendants:

"For a short period and an imminent emergency, we may be warranted in relying upon them implicitly. But lengthen the period, or render the contingency more remote and uncertain, and to that extent personal vigilance becomes unreliable. An attendant placed in charge of a patient incessantly bent on self-destruction, may be safely relied on for several hours; but let it be his sole business to prevent a patient from striking when the impulse comes, which may be but once in two or three months, and who that knows any-

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thing of the subject supposes that the blow will not be struck at last?"

Dr. Ray concludes the discussion of the subject as follows :

"No good can come by shutting our eyes to an old truth, merely because it is old, and believing that the world has always been mistaken in the idea, that a disposition to mischief is necessarily a frequent element of insanity. Tamed, diverted, modified, it certainly may be, but there can be no graver error than to suppose that, by any system of treatment, it may be utterly extinguished. And even if it were possible to eradicate this element of the disease, there remains another which should prevent us from relying too much on the discretion of the insane. The guiding, determining power of the patient—the balance wheel, if I may use the figure, which regulates the mental movement—is generally more or less impaired, and some foreign power must, to that extent, take its place. For this reason he is taken from home or his customary surroundings, where he is following the bent of his disordered fancies, and placed where his liberty of action is greatly curtailed, and his movements directed by others. To some, scarcely anything more is necessary than the unavoidable restrictions of the hospital. In others, the gravity of the disturbing element may call for the utmost amount of restriction at our disposal. In some shape or other, restriction is an essential element in all hospital management of insanity ; but it would be preposterous to contend that just so much or so little is the exact measure best suited to all cases alike."

Among the important means for promoting progress in our specialty, Dr. Ray makes honorable mention as follows :

"THE AMERICAN JOURNAL OF INSANITY, which has been published nearly twenty years—a longer existence than that of any other psychological journal in the English tongue—has been of immense service to the cause. Many valuable observations and inquiries have been recorded in its pages ; facts too valuable to be lost have been there gathered up and preserved, and by it the hospital superintendent beyond the Rocky Mountains, has been informed of what some professional brother has said, or done, or written, in the heart of Germany."

8. The general statistics of the Hartford Retreat for the Insane, are as follows: Admitted, 170; discharged, 160; dis-

charged recovered, 72; improved, 45; unimproved, 15; died, 28.

9. The New York State Lunatic Asylum received during the year 287 patients, and discharged 305. Of the latter, 106 had recovered; 51 had improved; 115 were unimproved; 3 were not insane; and 30 died.

Dr. Gray refers to the large number of incurables received during the year; 117 out of 287 being "cases of chronic and paroxysmal mania, dementia, senility, and general paresis," a class of cases in which the prognosis is unfavorable.

Forty-five of those admitted, (twenty-one males and twenty-four females,) were suicidal, eighteen of whom had attempted self-destruction by various means. Twenty were homicidal, ten men and ten women, four of whom attempted and one committed homicide.

In the following we have an illustration of the indifference of maniacal patients to bodily suffering, and of the importance of a physical examination of patients on their admission, not only from medical considerations, but for the protection of the hospital and its officers from unjust accusations:

"A number were brought to the Asylum in irons, some badly bruised; one with fracture of the clavicle, one with fracture of the ribs and sternum, and one with fracture of the arm.

"These injuries were not chargeable to intentional violence, but to the ignorance and want of experience of those having charge of the insane persons before their admission to the Asylum. Those injured were all cases of acute maniacal disease, and the patients made no complaint of pain or injuries, and the facts were not suspected until revealed by our examination. The person who had fractured clavicle was very wild and boisterous, and moved his arm in every direction; complained of no pain, and challenged those about him to fight. The first day we were unable to bandage him, and even after we succeeded in this, he tore off the bandages and tore up his clothing and bedding, notwithstanding which the bone united in the usual period, and without any unfavorable symptoms."

By reference to the tables, Dr. Gray concludes that the causes of insanity remain the same as in former years, and he adds:

"It would be reasonable to infer that under the head of war excitement we should chronicle more than one case, and this one, a man constitutionally a coward, who, under the constantly harrassing fear of being drafted, sank into melancholia, accompanied by unhappy delusions and apprehensions.

"That civil war, sudden and unexpected, and of unexampled magnitude, should not add materially to the number of the insane is certainly a matter of congratulation. The direct tendency of great revolutions to increase insanity has been frequently noticed by medical and historical writers. The French revolution, especially, is a striking illustration of this fact, and individual instances of its effect abound in the writings of Pinel, Esquirol and Georget. The middle classes, and the poor, from whose homes the sons and husbands have been taken in such vast numbers, have borne up against the great transition from peace to war, and have quietly and resolutely adapted themselves to their new condition. All, rich and poor, have devoted themselves to their ordinary avocations with increased energy and economy, and respect for authority. Society has, therefore, remained comparatively undisturbed. How far all this is owing to the character of our people, composed, in a large measure, of those who are self-made, self-dependent, and accustomed to balancing chances of success and failure, is an interesting question. A people educated to rely for success on individual efforts, and to aspire to promotion and power through merit and perseverance, are undoubtedly well able to withstand a great public shock. Such experience and training must contribute to balance of mind and force of character, and inspire courage and hopefulness and incite to action. How far we are to attribute the fact that civil war has not, thus far, increased insanity among the people, to the lofty spirit of patriotism and benevolence which instantly proffered its unmeasured aid, in sympathy and money, to the country and to those who might suffer, is an inquiry, we believe, also pertinent to the solution of the question."

10. The third annual report of the Superintendent of the State Convict Asylum at Auburn, presents the subjoined statistics: Admitted during the year, from Sing Sing Prison, 12; from Auburn Prison, 10; from Clinton Prison, 5; total, 27. Whole number under treatment during the year, 96. Of these there have been discharged, recovered, 8; improved, 3; unimproved, 3; died, 1.

"Those discharged 'unimproved' and 'much improved,' though not entirely recovered, have been liberated by reason of expiration of their sentences and were in due form delivered to their friends, who, according to the requirements of the law, have given bonds that they should not become a charge upon any public charity of the State."

Respecting the crowded state of the asylum, the Superintendent says:

"The buildings of the institution were originally constructed with accommodations for but sixty-four patients. We already exceed that limit by seventeen, our present number being eighty-one. Were it not for the sad exigencies of the times, I should feel it my duty to urge the policy of purchasing a part of the land adjoining the asylum and of so enlarging the institution as to extend its benefits to all for whom it is designed. Unless its capacity be so increased as to make it available to all who are legitimately entitled to its protection, some provision must be made for the removal of those whose sentences have expired. The law, at present, provides that no convict not restored to mental health, shall be discharged from the asylum by reason of the expiration of his sentence, unless his relatives shall give a satisfactory agreement that such convict shall not become a charge upon any public charity of the State. Under the provisions of this Act we must, of necessity, be steadily accumulating a class of hopeless, incurable cases. I suggest, therefore, the propriety of a legislative enactment authorizing us to return to the counties in which they were convicted, at least a portion of the above named class, when the term for which they were convicted shall have expired."

We regret that Dr. Van Anden should have proposed any such measure of relief as that expressed in the above extract. It may be doubted if the law, as it now stands, sufficiently protects the community against the discharge of the dangerous class for whose safe custody this asylum is constructed. And it may be asked, What better provision can the counties make for these patients? Will not the aggregate cost of their maintenance, distributed about the State in small numbers—each county requiring a small, strong building or receptacle for their confinement—to say nothing of the anxiety and risk to which the community will be exposed, be a greater

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tax upon the people of the State, than the additional expense of enlarging the asylum at Auburn? In a word, such a measure, while it might afford relief to the asylum for convicts, would impose a grievous burden on the community. In this matter we hope to see a wise and enlarged policy substituted for narrow views and temporary expedients.

11. The admissions, for the year, at the Bloomingdale Asylum were 117; the discharges, 111. Of the latter, 48 were recovered; 24 improved; 19 unimproved; and 20 died.

The Board of Governors announce the completion of the new building which was commenced in June, 1860.

"This building is 110 feet long, 42 feet wide, and is three stories and basement in height. It will accommodate about forty patients, and is to be appropriated exclusively to females. Each story contains a central corridor ten feet high, lighted at each end by a window reaching from floor to ceiling, and by a large bay window in a central alcove twelve feet wide. On one side of this corridor are a dining-room, bath-room, and rooms for sick patients, communicating with attendants' rooms. Opposite are eight single dormitories of unusual size, being twelve by fourteen feet area.

"Attached to this wing are a diversion-room and lecture-room, in which the various entertainments of the household will be given with better advantage and success than in the apartment now assigned to this purpose. It also contains such arrangements as will make the chapel services more impressive and orderly.

"This structure connects the original asylum building with another erected some years later, and forms a complete united wing, permitting separation of the female patients into thirteen distinct classes, each occupying an independent suite of apartments, thus providing unusual facilities for a primary necessity in the treatment of insanity. The large central stone edifice originally erected in 1820, and for some years the only asylum building, being now freed from the inconveniences of containing very discordant classes of patients, presents peculiar advantages to quiet or convalescent patients, for whose use it is now applied. The introduction of gas throughout the establishment, has added to its comfort and cheerfulness."

The brevity of Dr. Brown's reports having been commented upon by "the leading medical journal of this country,"

Dr. Brown improves the opportunity to "show cause" for this peculiarity. Dr. Brown says:

"It may be well, therefore, to consider whether any useful purpose can be subserved in our own case, by following the prevalent practice of expanding such reports into an address to the public upon the nature of insanity, and the relations of society thereto; or into a detailed statement of the mingled excellence, deficiencies, and embarrassment which exist in each case, closing with an appeal for aid to the Hercules of State or public bounty. While approving this course as pursued in other institutions, I have doubted its utility here, because our situation seemed unlike that of most asylums."

Dr. Brown observes very justly that—

"The public of New York is influenced less than that of any other American city, by local sentiment and impulse. As a community, it is essentially cosmopolitan, the number of families of New York ancestry being small in comparison to those without that hereditary attachment to the place which begets a natural and laudable pride in local charities, thus tending to foster and increase them. It is perhaps mainly due to this fact that while the religious and educational enterprises of the whole country find in New York that encouragement which is the best proof of a generous disposition among its citizens, many of the most deserving among its own incorporated charities are rarely remembered in the legacies of men who, had they lived in smaller cities, would have known their merits and would have sustained them by liberal bequests.

"This class of individuals, engrossed by the cares of business, are not easily reached by printed documents, while the personal testimony of those who, as managers or visitors, or beneficiaries, know the value and needs of an institution like this one, will best ensure attention and response thereto."

With the exception of the above extract, we fail to discover any reason why Dr. Brown should not give the profession and the community the result and benefit of his position and wide experience, which might not equally apply to any medical superintendent in the country. We are glad to observe that the Governors of the Bloomingdale Asylum virtually dissent from the views expressed by the Superintendent of the inutility of such a report, for theirs is not only *lengthy*, but one to be read with interest and profit.

Of the value of these "annual pamphlets" in advancing the interests of our specialty, Dr. Ray, in his report of the same year as Dr. Brown's, speaks as follows:

"The annual reports of the various hospitals, recording, as they do, with some detail, the incidents of each year's experience, contain much information that may be turned to practical account. It not unfrequently happens, I imagine, that, after having tried for years in vain, to meet a certain purpose thoroughly and easily, we find, to our surprise, in one of these annual missives, that some more ingenious head has solved our heretofore insoluble problem, and thus enabled us to add another to our means of usefulness."

Dr. Ray evidently recalls to his recollection the valuable reports of BELL, of BRIGHAM, of JARVIS, and others, full of thought and rich experience. *He* does not consider them in their relation with "those who seek food for gossip over a neighbor's private grief, or a pretext to cavil at legislative tax which yields them no benefit as long as they pass for sane people."

Another argument advanced by Dr. Brown in support of his position, is that the Bloomingdale Asylum "is constrained by no sense of dependence on State or municipal aid." The Governors, however, on page 25 of the same report, "respectfully request the renewal of the annual bounty which they have received from the State for very many years; and, if the fiscal means of the State treasury will admit it, they hope for a moderate augmentation;"—thus "appealing for aid to the Hercules of State."

12. The annual statistics of the New York City Lunatic Asylum are as follows: Admitted, 342; discharged, 281; discharged, recovered, 165; died, 97.

The occupancy of the new asylum, with accommodations for 150 patients, has given relief to the crowded wards of the main building. Dr. Ranney gives the following explanation why the war excitement has not increased the number of his admissions:

"Many of the ordinary inmates of an asylum are only partially insane, and although it would be exceedingly difficult

for them to obtain constant employment in the city, this class of persons can readily find positions in the army. Conversing sensibly on most subjects, as soldiers their mental defects are not quickly discovered, while, in the city, their immediate intercourse with their employers soon discloses their true condition. Nor has the war given any peculiar character to the delusions of those admitted. This results principally from the seat of war being so far distant, and the number so small that have returned home. Unquestionably, at the close of the war, the number of insane in the city will be considerably increased, with a full representation of *quasi* generals, governors and presidents. Several patients admitted the past year were discharged soldiers; but from a careful examination, the opinion was formed that all were insane previous to enlistment."

Dr. Ranney forcibly exposes "the modern error in elevating vice and crime to the same level with mental disease, or in confounding them with it. The most vicious and criminal acts are regarded as the result of a blind necessity, a kind of madness which renders the party irresponsible, thus affording to the swindler, the thief, the assassin, a ready means of escape from punishment."

The effect of the plea of irresponsibility in such cases, is not only to do a great injury to the insane, but to create "a prejudice against its adoption when demanded by strict justice and common humanity."

"A good illustration of the effects of public prejudice is given by two trials for murder in an adjoining State, in which the separate verdicts seem to hold to each other the relation of cause and effect. In 1851, Margaret Geratty was tried in New Jersey for the assassination of her seducer. The seduction was accomplished under a promise of marriage, and the subsequent treatment was of a most aggravating character. Public sympathy was strongly aroused in her favor, and much to the surprise of all, the verdict of the jury declared her 'not guilty, on the ground of insanity.' Six physicians were immediately appointed by the Court to examine the alleged lunatic, who reported they could find no evidence of 'unsound mind,' and in accordance with this opinion she was discharged from custody.

"In 1859, Patrick Maude was executed for the murder of his sister. Two years previous he attempted to kill his wife,



and although tried and convicted, was found to be of unsound mind, and sent to the asylum at Trenton. He effected his escape, and two days after committed the murder. On his trial it was shown, that before and after the homicide he manifested *insane delusions*, and his whole course of conduct while in the asylum and in prison, as well as his noted speech on the gallows, proved conclusively that he was insane. But there had been a reaction in the mind of the community. The plea of insanity had been used in a former case to defraud justice of its due, and now a victim must be offered, though in the person of one who on every ground, not only of justice, but of common humanity, ought to be spared. The issue of the former trial seems, then, as intimated, to hold to that of the latter, the relations of cause to effect, and I think the experience of medical gentlemen who have often been called as witnesses, will corroborate the statement that, even the attempt to prove a party irresponsible in an improper case, increases the chances of conviction in a subsequent trial where the individual is truly insane. Thus are they who suffer under the most afflictive dispensation of Providence injured by the indiscriminate reception of this plea."

13. The Kings County Lunatic Asylum, during the year, had 204 admissions, and 168 discharges. There were discharged, recovered, 87; improved, 42; unimproved, 7; died, 32.

Under causes of insanity in those admitted, nineteen are accredited to war excitement.

14. The general statistics of "Brigham Hall," Canandaigua, for the year 1862, are as follows: Admitted, 62; discharged, 61. Recovered, 18; improved, 14; unimproved, 16; died, 6.

Of the premature removal of patients from the asylum, the resident physicians, Drs. Cook and Chapin, observe:

"Convalescence, regarded with reference to the patient's future, is a stage of disease quite as critical as any other. It is at this period that the shadowy line between insanity and sanity begins to form. The delusions and uncontrolled fancies which have characterized the disease at its beginning, disappear at this time and the natural order of things resumes its sway. It is of the highest importance, and the fact cannot be too clearly impressed upon all having the responsi-

ble direction of the insane, that the period of convalescence should not be interrupted or endangered, but that the case should continue under treatment until recovery is completed. The chief danger attending any interruption of the process of restoration is the chronic and incurable character the disease may assume. Many patients have impressed upon them for life the eccentricities, irritation, and peculiarities of this stage of disease, as well as a predisposition to future attacks, in consequence of the inconsiderate action of relatives."

15. The managers of the New Jersey Asylum mention the completion of the extension to the central building, and the occupancy of a new and tasteful chapel.

The Superintendent reports 161 admissions, and 170 discharges. Discharged, recovered, 88; improved, 49; unimproved, 16; died, 17.

As a prophylactic to mental disease, Dr. Buttolph advises the "equal development and correct training of the faculties in early and later life."

"Let the education of the young be conducted with special reference to the equal and harmonious development of all the powers of the individual, whether physical, mental or moral."

16. Respecting "premature removals," Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, presents some interesting and practical considerations. Every experienced asylum physician will bear witness to the truth of the following:

"Many cases of insanity seem to run a definite course, and a certain number of months are necessary for a recovery, no matter how persevering and enlightened the course of treatment may be; and yet some do occasionally recover, that are treated injudiciously and in positions that all experience goes to show are unfavorable to the restoration of mental health. These facts only tend to prove, that in a limited number of cases the restorative powers of nature are sufficient to overcome all obstacles, but they do not tell us how many, by such a course, are deprived of all hopes of a recovery and consigned to the saddest form of permanent insanity.

"It cannot be too strongly impressed on every one, that a steady perseverance in treatment in every case of insanity is

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"It cannot be too strongly impressed on every one, that a steady perseverance in treatment in every case of insanity is

of incalculable importance. It is not easy to indicate exactly how long a period of treatment should be insisted on, because the character of cases vary so greatly, but it is quite safe to say that although so many do regain their health within three months, no one should ever become discouraged in a recent case, without at least a year's trial. \* \* \*

"It becomes the officers of Hospitals for the Insane steadily to impress on the friends of patients, and themselves to remember, how difficult it is to say that any one is absolutely incurable. It is behind the age at this day to speak of institutions for incurables. If there were no other objections to them—and there are many grave ones—the fact that Omniscience alone can tell with certainty who are in this condition should be sufficient."

Speaking of the new hospital for males,\* Dr. Kirkbride says:

"Another year's experience only adds to the strength of my convictions of the great value and decided advantages of our new arrangements. What was novel in the plan and fixtures of the new building has answered the purposes intended, so effectually, that if the work was to be again done, very few changes would be made, and these would be of a comparatively unimportant character."

The annual statistical tables report 194 admissions, and 164 discharges. There were discharged, recovered, 90; improved, 45; unimproved, 16; died, 13. Remaining in the asylum, 285.

An interesting feature in this report is a list, of twenty pages, of the names of the munificent donors to the building fund of the new hospital.

17. The great event of the year of the Western Pennsylvania Hospital, was the completion and occupancy of the new Dixmont Hospital. This hospital stands on a beautiful eminence, overlooking the Ohio river, about eight miles from the city of Pittsburgh, and was named in honor of the distinguished philanthropist, Miss Dix. We have, in a recent number of the *JOURNAL*, given a description of the building.

By the report of the Superintendent, Dr. Reed, we learn that the admissions for the year numbered 71, and the dis-

\* In another part of the *JOURNAL* will be found a description of this hospital.



charges 67. Of the latter, 25 had recovered; 30 had improved; 9 were unimproved; and 3 died.

18. The Trustees of the Pennsylvania State Lunatic Hospital, urge the necessity of special provision for insane criminals, and they have prepared a memorial on this subject to be presented to the Executive and Legislature of the State. The Superintendent's report is brief and statistical. The admissions for the year were 109; the discharges, 122. Recoveries, 34; improved cases, 30; unimproved, 42; deaths, 16.

19. In the third annual report of the insane department of the Philadelphia Alms-House, Dr. Butler records the admissions for the year as 360. There were discharged 352, of whom 126 were recovered; 112 had improved; 59 were unimproved; and 55 died.

We are glad to perceive that Dr. Butler is firm in hostility to the habitual use of intoxicating beverages and tobacco. When, however, he expresses the opinion that "the abuse of tobacco is a frequent cause of insanity, which, in such cases, is generally preceded or accompanied by epilepsy," the meditative psychopathist can only remove his pipe from his mouth and gaze in astonishment.

20. Dr. Worthington, of the Friends' Asylum, thus alludes to a prevalent error in regard to the character of mental disease, which operates prejudicially to the interests of the insane:

"It may not be out of place here to endeavor to impress upon all who are in any way interested in the subject of insanity, that it is as much as any malady to which man is subject, a disease of the bodily organism, subject to the same laws, and requiring for its removal the same medical treatment that is required in other physical disorders. If this truth were more generally recognized than it is even by many well-informed persons, there would be less reluctance than is frequently witnessed in placing patients promptly in institutions, under the care of those who are familiar with all the varying aspects of disease—who know how to attach to each symptom its due importance, and to apply remedies calculated to avert consequences which cannot be foreseen by those who are unfamiliar with the disease. The belief that the mental disorder itself constitutes the disease, instead of being only

one of the manifestations of disease in the organ through which the mind acts, and that the latter may be diverted from its line of morbid progression by moral treatment alone, without reference to the condition of the bodily organs, often leads to fruitless efforts to benefit the patient at home by moral remedies, while actual disease is permitted to go on unchecked, and often unsuspected."

The yearly statistics record 13 admissions, and 17 discharges. Left the asylum, recovered, 8; improved, 4; unimproved, 5; died, 2.

21. The report of Dr. Chipley, of the Kentucky Eastern Lunatic Asylum, bears the impress of civil strife.

We give the following extract, not only as illustrating Kentucky patriotism and national sentiment, but as a deeply interesting episode in the history of the institution:

"I am called upon to make the thirty-eighth annual report of this institution under peculiar circumstances. We are surrounded by the forces of the so-called Confederate Government; a usurper claims to exercise the functions of the Executive of the State of Kentucky; the stars and bars, the emblem of disorganization and anarchy, have replaced the stars and stripes. That banner, endeared to every patriot heart by a thousand glorious memories, beneath whose graceful folds our fathers won immortal honor, and which their prowess taught all nations to respect, has been rudely torn from its staff and trampled in the dust.

"On the second day of last month (September) the forces under the command of Kirby Smith, entered this city, and placed it under the despotic sway of military rule. I allude to this fact because it was well calculated to affect the material interests of this Institution, and, if the occupation is to be permanent, we may not hope to escape the blasted fortunes of other similar institutions within the limits of the Confederacy, whose inmates have been driven from their comfortable abodes to suffer and to perish as those of their unfortunate class did before the enlightened philanthropy of the present century had provided the peculiar means required for their relief and preservation.

"The history of the unjustifiable and wicked rebellion which now curses our country warrants us in saying that the rebel forces act as if they considered it to be their special mission to ravage the country they traverse, to plunder its citizens,

and to destroy all the evidences of civilization, happiness, and prosperity that may happen to fall in their way. Hence their footsteps may be traced by wrecked dwellings, desolated farms, broken railways, pillaged cities, burnt bridges, and ruined canals. The consequences are logical sequences to these acts of violence. Everywhere want, wretchedness, and famine follow their movements. Instructed by the history of these lawless forces, I endeavored, as far as possible, to shield this Institution from these terrible results. As soon as I learned that the Federal forces had fallen back and left the country open to the depredations of the enemy, I directed the steward to purchase a supply of groceries, flour, clothing, shoes, ect., sufficient to cover the time beyond which I did not believe it possible for the invaders to hold this position. It was well we did so, although, to accomplish the purpose, we were compelled to pay an advance on former prices. Our farmers are being plundered of their slaves, cattle, horses, and grain: our merchants are compelled to open their doors at the point of the bayonet, and all are forced to adopt the absurd notion that Confederate script is money, and to receive it without question as to its value. The cost of articles of prime necessity has already advanced to famine prices. Cut off from all sources of supply, there is no possible means by which our merchants can replenish their exhausted stocks. But for the provision made to supply the wants of the Asylum, in anticipation of the arrival of the enemy, our expenses would have been enormously increased, and we should have been compelled to forego the use of some articles which have always entered into our daily consumption, and which we consider essential to the comfort and welfare of the insane.

“Up to the present period no material direct assault has been made on the Institution. How long we are to be exempt, the future alone can tell. We have little to hope, however, from those who have already deliberately plundered the “Women’s Aid Society” of the hospital stores accumulated by their own generosity and industry—a robbery accompanied with wanton insult to the excellent president of the society, who has generously devoted her time, and much of her large means, to the unselfish task of ameliorating the condition of the sick and wounded of both armies. At this moment we are threatened with a rigid enforcement of the Southern conscript law, and, if time permits this gross outrage, we may be deprived of the services of some of our most efficient and faithful employees. Our only hope is in the effective movement of the Government forces now accumulating on the

Ohio, and which, I confidently believe, are destined to give us speedy relief from the tyranny and oppression which now weigh heavily on all the great interests of society.

"In the midst of a struggle for national existence, and for the perpetuation of that beneficent form of government bequeathed to us by the illustrious patriots of the Revolution, it is believed to be eminently proper to exclude disloyalty from the public institutions of a loyal State. In administering the affairs of this Institution no question has ever been made of the politics or religion of its servants. But when the political principles of a portion of the community became merged in treason, it was thought, while we still regarded the ability and faithfulness of our employees, that it was also important to know that they are not traitors. Hence all the officers and male employees in this Institution are required to take and subscribe the oath of allegiance to the Government of the United States, pledging themselves to discountenance secession, and to give no aid or comfort to the so-called Confederate Government.

"Aside from the disturbed condition of the country we have no cause of complaint. The asylum was never more prosperous. By strict economy, and the industry of a large number of the inmates, we have lived within the amount provided for the support of the Institution, without in any material degree, abridging the comforts of our charge."

During the year, 43 patients were admitted, and 49 discharged. Of the latter 25 had recovered; 16 died; and 8 were removed.

22. In the report of the Mount Hope Institution, Dr. Stokes adverts to the increase of insanity, the chief cause of which, he thinks, is

"To be found in the unwonted wear and tear of mind in the great battle of life. This we see too often carried on without regard to any considerations but the gratification of an ever restless ambition, which leads men, of every rank and degree, to sacrifice present happiness in the fierce struggle for wealth and preëminence. In this country certainly, and in the last quarter of the century especially, though remarkable for the prodigious advances made in every department of art and science, yet there probably never was a period when happiness and contentment were less generally diffused throughout the different classes of society. Particularly is the present period fraught with influences and elements tending

in a high degree to disturb the healthy balance of the human mind. We are living amidst all those intensely agitating and exciting causes which are most calculated to destroy the equilibrium of the mental powers, and drive reason from its throne. It would be impossible to diffuse amongst a people agencies more inimical to their healthy mental condition than now prevails in this country. Their tremendous effects are being displayed in the rapid increase, beyond all precedent, of all the diversified varieties of mental disorder. Our insane asylums are being filled with victims exemplifying the terrible strain to which the mind and feelings of all classes of society are night and day subjected."

The report contains an interesting description of the new institution—the *Mount Hope Retreat*—the centre building of which is completed and occupied—This description is too extended to appear in the present number of the JOURNAL, but will be given to our readers at an early day. The official statistics of admissions and discharges are as follows; Admitted, 210; discharged, 179; discharged, recovered, 37; improved, 84; unimproved, 43; died, 15.

23. Dr. Hill, of the Central Ohio Asylum, sums up the impressions derived from his recent visit to foreign asylums, in this wise:

"On the whole, though we found in the several countries named, many incentives to improvement in the management of the insane, yet we witnessed, in the course of our tour, more listless, lolling inactivity, and more physical restraints, as confinement of hands and limbs, strapping to chairs, benches, bedsteads and walls, not omitting certain clanking sounds, than we expect or believe possible to witness again without recrossing the Atlantic. Even at Gheel, in Belgium, where, theoretically, there is the largest amount of personal liberty, I found a high degree of what I term physical restraint."

Dr. Hill is entitled to high commendation for his efforts to introduce useful employment for his patients. That he has accomplished much in this direction the ensuing extract will show:

"For several years we have manufactured all the boots, shoes and slippers required to be furnished by the State, and have done all the repairing in that line. We have made all



the clothing required to be furnished for both males and females, and have done all the repairing required for either sex. In the carpenter, joiner and cabinet departments, beside extensive repairs and improvements all about the premises, many articles of furniture have been made, and a large number repaired.

During the year the asylum received 157, and discharged 149 patients. Of the latter, 90 had recovered; 22 had improved; 24 were unimproved; and 13 died.

24. Dr. Kendrick, of the Northern Ohio Asylum, alludes to the unavoidable accumulation of custodial cases, after a series of years, in his and similar institutions, as "a subject which demands serious consideration; it sets all the laws of proper classification at defiance, lessens the number of successful results, and furnishes an argument to the cavalier, against that liberal support of a so-called *incurable* establishment, which is so freely accorded to our asylums, under their present active, living organization." He continues:

"It is a fact worthy of note, that in our State, with four public asylums constantly filled, there are over 2,000 insane persons excluded from the hospitals altogether, or who have been discharged therefrom, *uncured*, to make room for more promising cases. These need suitable care; not the stinted morsel that comes so grudgingly from the hand of common charity, but the full and flowing cup—the free-will offering of a Christian philanthropy."

The report places the number of admissions at 99; the discharges at 99. Discharged, recovered, 58; improved, 7; unimproved, 29; deceased, 5.

25. We notice by the report of the Directors of the Longview Asylum, that sixty per cent. of the inmates "are now engaged usefully to the institution, and greatly to their own advantage." Dr. Langdon, the Superintendent, thus refers to the beneficial effect of useful employment to the insane, and its safe and practical workings at *Longview*:

"It has been our constant aim to keep the inmates as much employed as possible at some light and useful work. Such labor has a very salutary effect upon them, both mentally and

physically. As a consequence they are much more quiet while in the wards, and almost always sleep better at night. If but a few days are permitted to pass in idleness, the influence is at once perceptible in their excited, noisy, and quarrelsome dispositions. A large majority of these unfortunates who are assigned to labor, are generally sufficiently tractable; though once in a while some of them have fits of stubbornness, or manifest their anger in combative demonstrations. Many intelligent persons have expressed their fears at the idea of putting into the hands of the lunatic any instrument of labor that might be turned in a moment of rage into a deadly weapon of assault. Thus far, however, my observation has not justified such apprehensions. Certainly great discretion is necessary; but in almost every instance where an inmate has attempted violence upon his associates or attendant, he has dropped whatever instrument he may have had in his possession, and made the assault with only those bodily means with which nature has supplied him."

Dr. Langdon urges that some proper provision be made for the negro lunatic, who, now deprived of such provision, is "confined among thieves and rogues in the common jails of different counties" of the State.

Longview Asylum received during the year 138 patients, and discharged 149. Of those discharged, 92 had recovered; 26 had improved; and 31 died.

26. The Board of Trustees of the Southern Ohio Asylum announce the appointment of Richard Gundry, M. D., as Superintendent. Dr. Gundry's first report is an able and interesting document. His remarks upon the inheritance of insanity are so valuable that we cannot forego an extended extract:

"Not only is the tendency to mental alienation transmitted, but often the very same forms of the disorder, the same class of delusions are reproduced at the same age, and under the same conditions, as in those first attacked. Thus the suicidal impulse has been known to appear at the same age, in three or four consecutive generations. Occasionally the taint appears to skip a generation or two and then reappear in all its original force. In other, and perhaps more numerous instances, the disease reappears in the descending branches of the family, but not identically the same in form and character. It be-

comes more marked in its specific characteristics. The attack is more sudden in the onset, the remission is more marked, and the disease assumes more and more the recurrent type. The actions rather than the thoughts give evidence of the existence of disease in these cases; less delusions prevail among them, but more moral obliquity, and a greater difference is observed in the control of the judgment over the emotions, instincts and propensities. Gaining in force as it passes from one generation to another, it may also appear much earlier in life as it descends. Thus it happens that the disease will appear in a distant generation before it has attacked the intermediate line. A grandmother, mother and son, three generations, are affected with insanity in the course of their lives. The grandmother was attacked during mature life; and before her daughter had reached the same period of life, the grandson, at a much younger age and with every inherited symptom greatly exaggerated, began his career of alternating health and mental disease. Not until years after did the mother herself, on approaching the epoch fatal to her mother, show any evidence of inherited taint; then she displayed unequivocal signs of the same form of disease. Thus she presented an example of insanity identical in all its essential characters with that of the person from whom she inherited it, while at the same time she had transmitted it to her son with intensified force and a progressive form of development. Many such facts could be easily collected. They all, however, relate to insanity passing from one generation to another, even where the form is different in the different members of a family, and under both conditions the existence of hereditary tendencies is not difficult to be recognized. But there yet remains to be considered, a fruitful source of hereditary insanity, where existence more often eludes the closest investigation in the history of the patient and his progenitors, but which undoubtedly exercises an enormous power in the propagation of the malady. The law of transmission of disease, powerful as it is within a certain range, is nevertheless circumscribed in its operations by certain inexorable conditions. Consumption does not give rise to insanity in the next generation, nor is gout transmitted from epilepsy. The general character of the disease is preserved, in the transmission, however much the special characteristics may have been modified. Nervous diseases are in this way often transformed in their descent, but they are nervous diseases still, and retain most, if not all, the characteristics that belong to that class. Epilepsy gives rise to epilepsy in the next generation, but to

insanity also. Hypochondriac, hysteric and neuralgic parents, or those subject to intense headaches or cerebral hæmorrhages, transmit to their children the liability to nervous diseases which may assume one or the other form of brain trouble; but all of this class of diseases will be distinguished by the completeness of the remissions between the attacks, the explosiveness of the attack itself, and the recurring periods of exaltation and depression. And this is also true of a class of disorders, which seem hardly to be regarded as diseases, but rather as exaggerations of a highly nervous temperament. Those given to uncontrollable fits of passion, or in whom the propensity to intemperance or lasciviousness has been strongly evinced without the proper self-discipline to restrain it, are very apt to bequeath to their children the fatal predisposition to mental alienation. The principal methods by which insanity is handed down from father to son and to children's children may thus be comprised in the four classes we have been considering, viz:

"1. Insanity is transmitted with general identity in form of disease, general course of phenomena and age of accession.

"2. The inherited disease may be so intensified in succeeding generations that its access is earlier, its symptoms are more grave and the tendency to recovery lessened. Or if recovery takes place, a recurrence of the attack is more imminent.

"3. Insanity may be the result in one generation of any one disease of a nervous type in a former generation. But this transformation does not extend to diseases of another type.

"4. The peculiarities of a highly nervous temperament may in a succeeding generation be so exaggerated as to become symptoms of mental disease. So also may uncontrolled propensities and instincts engender like disease in the posterity.

"The latter means of influence exerted by hereditary transmission are rarely, if ever, noticed in the certificates of physicians, accompanying the applications for the admission of patients. A little inquiry on their part respecting the nervous diseases of the ancestors of the patient, would often elicit much valuable information from friends, who, anxious to conceal, may be on their guard against any direct questions as to the existence of hereditary tendency to insanity, and would throw much light upon the various phenomena displayed by the patients themselves. I cannot pass from this gloomy picture, without adverting to the more cheerful tints with which the hand of Nature tempers the sombre shades. Usually the degeneration once commenced in the race, in

either of the ways alluded to, goes on from bad to worse, both as regards the intellectual and physical vigor. The progeny are of short lives or feeble vitality, or if they attain to adult years their vitality is so diminished that the attainted race dies out. But, on the other hand, by careful and judicious alliances, by the introduction of a purer blood, a tendency to improvement is set on foot, the downward progress is arrested, and if the same care be exercised for the future and circumstances be propitious, the race is gradually renovated. Were it not for these antagonistic influences thwarting the constant struggle towards degeneration, it would be truly fearful to contemplate the rapidity with which insanity, epilepsy and other kindred evils, would involve a very large proportion of mankind."

Dr. Gundry thinks the war has tended to lessen rather than increase the liability to mental disease. His statistics for the year are: Admitted, 92; discharged, 90. Discharged, recovered, 61; improved, 11; unimproved, 7; died, 11.

27. Dr. Woodburn, Superintendent of the Indiana Hospital for the Insane, reports the admissions for the year at 200, and the discharges at 202. There were discharged, recovered, 114; improved, 26; unimproved, 47; died, 14.

28. Dr. Van Deusen's biennial report of the Michigan Asylum is replete with general and professional interest. His discussion of the vexed question of provision for the incurably insane poor is especially practical, and in our opinion suggests the only feasible method of relief for this existing evil. Dr. Van Deusen observes:

"The assumption by the State of a certain proportion of the cost of the continued support in this institution of all insane, admitted upon the orders of county officers, after they shall have been under treatment a certain time, might at least prevent the return of unsuitable patients to the poor houses. The adoption of this system of provision, would at once cause an accumulation in the wards of the asylum, which, in the present conditions of the buildings, would effectually close them to recent cases. This, of course, should not be; but were the institution now completed, no addition to its capacity would probably be required for the reception of females, in less than five years, nor for males in less than ten years.



"This increase of capacity should be so effected, not by additions to the present structure, but by the erection, at suitable points, of buildings especially designed for the purpose. To these, patients would be assigned from the asylum proper, none but those in good physical health being thus selected, and only those whose condition was such as to permit of their being removed from the controlling discipline essential in a hospital for the insane, to the more domestic care they would there receive.

"To this system of provision, the details of which it is not necessary here to present, there are objections; some of these will suggest themselves at once, others can be considered only in connection with the advantages which it is thought it might secure. As it now is, within the next five years, from fifteen to twenty of the counties of the State will be compelled to erect receptacles of some sort. If cheap, temporary affairs, every cent invested will be worse than thrown away; if erected in accordance with any intelligent view of the purpose to be met, the cost would be much greater than that necessary to complete suitable buildings in connection with this institution, adequate to the wants of the entire State for a long time to come. The increased expense incident to the keeping in repair of many buildings, over that required for a few, and the cost of the repeated removal and return of patients to make room for more urgent cases, are items for consideration.

"Certain counties, from their geographical position, become centres towards which vagrant lunacy naturally tends, and are made to bear a disproportioned burden of expense which would be in a measure equalized. The source of the fund proposed is another matter for consideration, and the probability of the passage of an act of Congress, once introduced, making grants of public lands for the support of the indigent insane, are important points in determining the feasibility of the plan."

The professional reader will be interested in the medical notes and observations contained in Dr. Van Deusen's report. We can only extract the following case:

"There has been presented for treatment during the year, a case of the somewhat rare but very interesting form of disease, described by Drs. Romberg and Henoch of Berlin, Drs. Marsh, Begbie and others, of Great Britain, and Dr. Worthington of the Friends' Asylum at Frankford, Pennsylvania. The disease in question, occurring, as a general rule, in

females only, seems to be characterized by a combination of the following symptoms: anæmia, enlargement of the thyroid gland, protrusion of the eyeballs, and abnormal mental manifestations of a peculiar character. In May last, application was made for the admission of a lady who had been recently confined with her first child, and was said to be laboring under an attack of puerperal mania. Her symptoms, as represented, were not very urgent in character, her sleep was not seriously disturbed, her appetite was fair, and general strength good. As our wards were greatly crowded, and her friends able to secure every possible attention, her admission was deferred until some special provision could be made for her reception. The application being urgently renewed within a few days, her removal to the institution was decided upon, and effected with great care. The peculiar character of her malady was at once recognized, but it was evident that there was present serious cerebral disease of recent date, with delirium so intense as to have been readily mistaken for mania, and which soon terminated fatally. The earlier symptoms in this case coincide most remarkably with those the authors referred to, have presented as characteristic of the disease. The anæmia and palpitation appeared some five years since; the enlargement of the thyroid gland and protrusion of the eye were later symptoms and slow in development. The protrusion was ultimately very great, amounting to one-fourth of an inch beyond a line drawn from the superciliary ridge to the prominence of the cheek, but had at no time impaired vision. The mental symptoms were of the same peculiar character. The caution as to special care in these cases, just previous to confinement, is worthy of note. The dangers incident to this period were in our patient increased by the existence of a permanent enlargement of the tonsils. In a recent medical publication, 'M. Charcot relates a case of *ex ophthalmic goitre* in which all the symptoms were most favorably modified, or arrested by the puerperal state. It appears that the same results have been observed in three cases recorded, in which the women became *enciente* while suffering under this affliction.' In the case here reported, the same favorable modification marked the character of the mental manifestations, the other symptoms continuing without special change. The immediate cause of the protrusion of the eyeball which has been variously explained, seemed in this case to be mainly due to muscular flaccidity."

The Michigan Asylum admitted during the years 1861 and 1862, 187 patients, and discharged during the same period

141. Of the latter, 63 had recovered; 25 had improved; 26 were unimproved; and 27 died.

29. Dr. McFarland, Superintendent of the Illinois Insane Hospital, thus adverts to the present war; its influence in producing insanity, and its future bearing on the national mind:

"The question is daily asked, How far the great fact of the day—the life-or-death struggle on which the all of our civil institutions is now staked, is influencing the public mind in the production of mental disease. It would naturally be supposed that the issues involved, so momentous in the mind of every patriot—the absorbing anxieties pervading so many families; the bereavements that have clad so many households in mourning; so much of personal suffering in camp, field and hospital, would assuredly have made itself felt in such an institution as this; that here would lie one of the most delicate pulses at which the tumultuous beating of the great public heart might be accurately touched. Nowhere, certainly, in the whole country, has the sentiment of devotion to the common cause been more universal; nowhere has all the strength of families so frequently been risked to the chances of the battle-field as in the community from which this institution draws its subjects. While the result of so much intense feeling in the public mind, and of suffering on the part of individuals, will surprise, from its comparative smallness, there is enough to be gathered from our records, to show, pretty exactly, how far, and in what way, the Great Civil War has become an agent in inducing mental disease. The most interesting part of the inquiry is, Whether the sufferings and privations of the field itself, or the sympathies and bereavements of those left at home have contributed most to our results? A first thought would assign as much of the weight of the common affliction to the latter, at least, as to the former; would apprehend more of danger from the intense sympathies, the dread apprehensions, and the crushing bereavements of the wide circles that remain at their homes, than from the casualties of military service itself. Yet it is strikingly evident that the reverse is true. The hardships and sufferings of warfare, itself, have made themselves palpably felt, while the excitements, anxieties, and sometimes overwhelming bereavements, of those whose all has been pledged, have hardly made a trace on our records. It proves that the same devotion which gave fathers, brothers and sons to the chances of the conflict, has so nerved all hearts to the

consequences of the sacrifice, that even the terrible disclosures of the battle-field bulletins have carried few beyond the bounds of temperate grief. Indeed, it may be claimed that the 'war excitement'—limiting the phrase to its true meaning—has been healthful in its operation upon the public mind. It is purely an objective, and not a subjective emotion; or, in other words, its influences come upon the individual mind from without, instead of being a feeling generated from within. Hence its great contrast with those gales of popular delusion, such as 'Millerism,' 'Spiritualism,' etc., which have wrought such ruin in time past, and whose melancholy wrecks are still found strewn among all our institutions for the insane.

"Reduced to a table, this subject solves itself thus: Soldiers brought from camps, hospitals, etc., 14; friends made insane from sympathy, anxiety, etc., 2; cases produced from war excitement, generally, 7; total, 23.

"Mournful as any table of mortality or suffering must be, especially when made necessary by the crimes of others, the true psychologist sees in the above but a small price for the vast invigoration of the American mind which present events are sure to result in, provided the contest is not carried to the point of exhaustion. It is a national athleticism on a grand scale—the protracted tournament of a whole people—in which the valetudinarianisms of a long peace, and the enervations of an ultra pacific policy, are to give place to national vigor, and open the dawn of a new national life. We see, if the conditions now indicated do not disappoint us, a fresh infusion into all those streams which make great a national character. We hail our near future as the birth-time of ideas worthy a great people, when science shall take longer strides than ever before, literature receive a now inconceivable impulse, enterprise stretch in all directions its giant arms—when national honor shall be inviolable everywhere, and our country claim her seat among the highest in the councils of the nations. The preparatory school for all this is now open; a school far grander than that which produced our past revolutionary statesmen, and gave science its triumphs in the discoveries of Fulton, Franklin, and Rittenhouse. These anticipations, being based on psychological premises, have the same propriety of expression in these pages that subjects relating to hygiene, and sanitary science may have in the report of a hospital for general disease. As the physician, in his rounds among the sick, becomes an accurate observer of the influences which promote or disturb the public health, so, from a

field where the mind diseased has its largest congregation, the agency of remarkable events on the mental progress of the community may be viewed with some degree of profit."

The general biennial statistics for the hospital are, 386 admissions, and 315 discharges. Discharged, recovered, 165; by order of trustees, 57; improved, 34; informally, by consent of friends, 20; eloped, 5; died, 34.

30. The report of the resident physician, Dr. Tilden, discloses the fact that the California Asylum, which has accommodations for only two hundred and fifty patients, contains a population of over five hundred. The impossibility of proper classification and treatment under such circumstances, is ably argued by Dr. Tilden. As means for relief, he suggests the erection of additional buildings, and certain amendments to the organic law, whereby the County Courts may be prevented from committing improper patients to the asylum, and those possessing property may be compelled to defray the expenses of their own support. He says:

"The history of Insane Asylums, the world over, cannot produce another instance, except, perhaps, in some of the pauper asylums in Europe, of five hundred inmates, of whom less than a half dozen are found on the list of 'paying patients.'"

Under the head of treatment, Dr. Tilden observes:

"If it be true, that the physical organization is but the medium through which the living spirit, or imperishable man, holds connection with the outer world, it follows that we must look for the proximate cause of insanity to some change in the organism of the brain—the medium through which the powers of the mind are manifested—and not to any change in the mind itself. Powers known to physiologists as 'vital energies,' are but so many means of expression of the imperishable man made through perishable organisms, and the productions, or 'secretions' of organs are only so many manifestations of these powers.

"The organs constituted for the uses of the vital energies have no powers, *per se*, by which they can produce their secretions. The liver, for instance, secretes bile, the kidneys urine, and the parotid glands saliva, not independently of,



but subserviently to a living principle which thus manifests itself.

"The secretions may become morbid, or suspended altogether, but not from changes in the vital energies which preside over them, but because of changes in their several organisms—the peculiar formation and adaptation of the constituents of which having suffered some interruption to their normal state and relations.

"In like manner may the powers of the mind—attention, comparison, imagination, reflection, and reason—be suspended wholly or in part, and the intellectual expressions become incoherent and deranged; but the derangement in the manifestations of these powers cannot be properly referred to changes in the mind itself, but rather to some disturbances suffered by the organism of the brain, upon the normal condition of which depends healthy mental action. The darkness which surrounds the connection of spirit and matter, constituting the living, moving, breathing man, renders it impossible to determine, with any great degree of accuracy, the nature of the lesions of the brain which occasion the several types of insanity; nor can we, for the same reason, draw the line between disorders from functional derangements, and those occasioned by organic changes, if indeed it can be said, in truth, that insanity can exist at all from functional derangement alone."

We subjoin the general statistics: Admissions for the year, 301; discharges, 215. Discharged, recovered, 93; died, 65.

31. Dr. Clements, of the Wisconsin State Hospital for the Insane, reports 89 admissions for the year, and 61 discharges. There were discharged, recovered, 25; improved, 8; unimproved, 7; died, 21.

32. Dr. Workman alludes to the equal incidence of insanity in the two sexes, as observed in the Toronto Asylum, and calls attention to the significant fact that the number of admissions of single men and married women have maintained an almost constant equality, while the opposite result has obtained in the ratio of single men to single women. The preponderance of insanity in single men over single women, he ascribes to a cause "with which physicians of the insane are but too well acquainted." He argues that insanity is more frequent in married women than in married men, for

the reason that "women are unavoidably the subjects of numerous impairing and disturbing agencies, both physical and mental, from which men are exempt. Gestation, parturition, lactation, uterine disorder, want of sleep, defective nourishment, bad air, &c., &c., may be instanced in the former; and drunken husbands in the latter." Dr. Workman adds:

"Should we affirm that marriage determines to insanity, in women; or, that it protects from it, in men? The fourth column of the table seems to indicate that celibacy in women, at all events after the age of thirty, conduces to sanity. But women most predisposed to insanity are most likely to marry young, and to make unsuitable and unhappy matches; and therefore, perhaps, our third column receives those who, had they remained single, would have increased the number in the fourth. Of thirty single women admitted last year, only seven became insane after the age of 30 years; but of fifty-four married women becoming insane, forty were of the age of 30, and under.

"It must be quite manifest to all men of common sense, desirous of obtaining wives exempt from the risk of insanity, that they will have the best chance by marrying women past thirty."

We commend the Doctor's comforting conclusion to all disconsolate maidens of a certain age.

Dr. Workman observes that the opinion expressed in his report for 1859, that the proportion of recurrent cases of insanity in this county is smaller than that recorded by Dr. Tuke, of England, has been fully verified by his experience.

Dr. Workman's observations upon "the visitation of patients by their friends" will be readily appreciated by medical officers of asylums. The annoyance, however, cannot be avoided, for the reason, "that all the insanity of a family is not concentrated in the one member who may have chanced to be sent to the asylum. Family resemblance is not restricted to bodily forms and features alone."

In this connection Provincial legislation comes in for a satirical touch:

"Yet our Provincial Statute for the government of private lunatic asylums (see clauses 83 and 84,) takes away all dis-

cretionary power of refusal from the physician; and he is required to admit relatives or friends, on the order of any *visitor* of the asylum—that is, a *Justice of Peace!*—God save the mark—and the order may be for one admission or any limited number, perhaps a dozen or a score, just as *Dogberry* prescribes; and a penalty of eighty dollars is to be paid for every refusal. The framer of such a law must have been a bright genius, and deeply read in the science of psychology.”

The statistics for the year are as follows, including the University Branch. Those for the Orillia Branch are given elsewhere in our pages: Admissions, 94; discharges, 76; deaths, 25.

Dr. Workman concludes his report with the details of several instructive post mortem examinations.

33. The Branch Lunatic Asylum at Orillia is “a large brick edifice originally built for a hotel.” It is a branch of the Provincial Asylum at Toronto of which Dr. Workman is Superintendent. Dr. Ardagh is the resident Medical Superintendent. The Orillia Branch in connection with the University Branch, receives the overflow of the Toronto Asylum. By permission of Dr. Workman, recent cases are occasionally received at Orillia. The general statistics for the year show 83 admissions; 2 discharges; 2 deaths, and 1 elopement.

34. The Malden Lunatic Asylum, was originally an old barrack. Our Canadian friends have a penchant for this species of architectural metamorphosis. Still, that much can be accomplished even with an old barrack, has been demonstrated by the energy and ability of Dr. Fisher. Dr. Tache, one of the inspectors of Asylums, Prisons &c. in Canada, refers to the asylums of the United States as “hotels kept on a magnificent scale, in which wealthy lunatics are under restraint.” That our *amour propre* may not be too rudely shocked by the verdict of this amiable and large hearted philanthropist, we give the picture of one of Dr. Tache’s model “hotels” as drawn by the Superintendent, Dr. Fisher:

“The admission of violent maniacs, suicides, and numerous elopers, has entailed heavy additional responsibilities on the medical superintendent, increased the anxieties of the officers,

and augmented the labor and care of the employees of the asylum, which, in its construction, is but indifferently adapted for the custody and treatment of such cases. It is comparatively an easy matter to take care of such cases in a well arranged modern asylum, provided with all the necessary conveniences for the custody and classification of its inmates: it is not so easy in an asylum only half completed, as at Toronto; but it tries one's administrative tact to the utmost to do so in such buildings as we have at our command here. The insanity of one of the females admitted is complicated with *pyromania*. The very name of the complication is sufficient to instil terror into the heart, when the *combustible nature of our wooden buildings, large number of helpless inmates, the lath and plaster partitions, and the only but unsafe method of heating, by means of stoves and stove-pipes*, which, under the best circumstances, are insecure, are taken into consideration. She set fire to, and burned a number of stacks of hay and corn before her transmission to the asylum, and her proclivities for kindling fires may yet make her a troublesome customer here. Her proclivities are known; the nurses have been enjoined to watch her attentively, and it is confidently hoped that she will have no opportunity of indulging her propensity here."

Dr. Fisher gives the following statistics; Admitted during 1862, 34; discharged, 6; eloped, 1; died, 11, remaining, Dec. 31, 1862, 218.

35. Dr. Henry Howard, Superintendent of the Provincial Lunatic Asylum, at St. Johns, C. E., reports the admissions as 34; the discharges as 17; and the deaths for the year as 4; total under treatment, 78.

We trust the *Inspectors* will be lenient towards Dr. Howard after reading the following extract from his report:

"Before taking into consideration whether seventeen out of seventy-eight cases is a fair number of recoveries, I beg that you will please recollect: 1st. The unfavorable circumstances under which I suffer for the treatment of patients; 2ndly. That out of the seventy-eight cases, there are twenty perfect idiots, who never possessed and can never be endowed with reason; and, 3rdly. That of the remaining fifty-eight, it is fair to presume that they were about the worst of the large number of applicants for whom admission was sought.

36. Dr. Litchfield, Superintendent of the Rockwood Lunatic (Criminal) Asylum, at Kingston: C. W. reports as follows:

"Number of lunatics under treatment in the asylum during the year 1862, 103; number of lunatics remaining in the asylum on the 31st December, 1861, 87; convict lunatics sent from the penitentiary to the asylum in 1862, 7; criminal lunatics, and lunatics dangerous to be at large, sent under warrant from the county gaols, 9; number of male lunatics in the temporary asylum within the penitentiary, on the 31st December, 1862, 44; number of female lunatics in the temporary asylum at Rockwood on the 31st December, 1862, 23; number of male lunatics in the new asylum at Rockwood, 31st December, 1862, 20; number discharged during 1862, 9; number died during 1862, 7."

Dr. L. announces that the east wing of the new asylum will be ready for occupation during the year. It will have accommodations for more than one hundred male lunatics.

37. The admissions for the year, at the provincial Hospital for the Insane, at Halifax, N. S. were 43; and the discharges 30. Of those discharged, 15 were restored to health; 8 were more or less improved; and 5 died.

Only one-half of the asylum, according to the original design, is completed. If the completion of the building, as urged in previous reports, be deemed impracticable at this time, Dr. De Wolf suggests the erection of cottages of an inexpensive character, where the more quiet and orderly patients may be domiciled, and thus enable the hospital to receive the acute and urgent cases requiring treatment.

We have noticed the reports of the Canadian asylums separately, although they are all included in the general report of the Inspectors of Asylums, Prisons, &c.

In glancing at the report of the Inspectors we have been struck by the incongruous combination of functions devolving upon this Board. We are at loss to conceive what possible relationship can be instituted between prisons and asylums for the insane. Such an association must naturally tend to lower the general tone of medical administration necessary to the hospital, and, as this report of the Inspectors clearly manifests, to put in its stead the prison discipline and spirit. Economy, however, is the pivot upon which the report turns—how the



minimum of food or cubic space has been, and is to be still further applied to the unfortunate wards in asylums and prisons. The Inspectors congratulate themselves and the Colonies on the introduction of a new dietary, by which they are enabled to sustain the prisoners on *six cents a day*, and still get work out of them. They have also made the profound discovery that the new system is "cheaper" than a bread and water regimen, and the *mortality less*.

The Inspectors recommend for Upper Canada, the completion of the asylum at Rockwood "without loss of time;" and the completion of the asylum at Toronto "by degrees." For Lower Canada they recommend the continued maintenance of the Beauport Asylum; and the substitution of a new and large asylum for the western part of Lower Canada, for the temporary asylum at St. Johns. \*

Were it not for the reason given in their report that "the asylum at Beauport accommodates a larger number of patients in a given cubic space, than any other of our asylums," it would surprise us that the Inspectors should not only recommend its continued maintenance, but commend the Beauport institution, an old crowded establishment, which was neither built nor organized for the care of the insane—as the best asylum in Canada, particularly in view of the following confession of the Inspectors, that it has not even a resident physician :

"The Inspectors, who admire the asylum at Beauport as occupying the "*juste milieu*" between the penury of municipal asylums, and the luxury of certain asylums in the neighboring Republic for instance, cannot but regret the want in this institution of a resident physician, who should attend solely to the patients, and have the constant dispensing of those remedies of a moral, disciplinary and medical character which conduce so much to restore the lost faculty of reason."

## SUMMARY.

NOSTALGIA IN THE FIELD.—A recent number of the *Medical and Surgical Reporter* has a valuable paper from Dr. Calhoun, Surgeon-in-Chief 2d Division, 3d Corps, on nostalgia as a disease of field service. After alluding to the peculiar causes operating to produce the disease, he mentions a case of simple nostalgia, with loss of appetite and general impairment of functions, occurring in an officer, and remarks:

"But I fancy that pure uncomplicated cases of nostalgia, requiring treatment, are seldom met with in the field. It is more frequently a complication or a cause of other disease. The very existence of nostalgia, presupposes a state of mental depression, extremely favorable to the contraction of disease. The typho-malarial fever and camp diarrhoea are diseases asthenic in their character, and always characterized by marked depression of all the vital functions. The state of mental depression, that is coexistent with nostalgia, acts as a predisposing cause of these diseases, or as I have frequently found, is coexistent with them. Sometimes the nostalgia is, on the contrary, produced by other diseases. The patient becomes disgusted with his condition, and sighs for the comforts of home, until his yearning for home scenes becomes morbid. But be the nostalgia the *cause*, or the *result* of diarrhoea, dysentery or typhoid fever, it is in either event a complication to be dreaded as one of the most serious that could befall the patient."

Dr. C. thinks troops from rural districts more susceptible to this disease than are those from cities, and he ascribes the greater mortality in the former to the fact that under the depressing operations of nostalgia they are less able to withstand surrounding morbid influences. In support of this view he presents the following illustration:

"A more striking instance was the One Hundred and Twentieth N. Y. Vols. When I took charge of the division, about one year since, they were losing men by death daily.

That it was not due to local causes was proved by the fact that adjoining regiments, exposed to the same local influences, lost none, and of the patients at our division hospital, with the same diseases, (typho-malarial fever and camp dysentery,) those from the One Hundred and Twentieth died under the same treatment that the others got well on. The regiment is from one of the river counties of New York State. Nearly all who died were farmers. Those who were sent on furlough got well, while those who remained died. But a still further proof is present. The battle at Chancellorville cured the regiment, and it has since enjoyed as good health as any in the division.

"This leads me to the remark, that *battle is to be considered the great curative agent of nostalgia in the field*. The One Hundred and Twentieth was a new regiment, comparatively. They, without ever having been in battle, were brigaded with the veteran Excelsiors—they had no *esprit-du-corps*—they were home-sick. Nearly one-half of the express boxes sent to the division at Falmouth were for that one regiment. The regiment was but a regiment in name—its thoughts were all at home, while its members were here.

"At Chancellorville they fought nobly—they won a name—they had something to be proud of—they gained an *esprit-du-corps*—their thoughts were turned from home, and they felt they were men and soldiers; peers of the veterans with whom they associated; and from that day to this, there has been but little or no sickness, and but two or three deaths."

Dr. Calhoun believes the furlough system has been beneficial both in the prevention and cure of nostalgia:

"When General Hooker took command of the army, after it had been well nigh demoralized, he at once adopted a furlough system in which furloughs were granted as rewards. It was a fine stroke of policy, and, added to his other order, granting supplies of vegetables, his well fed army, with the hope of a furlough as a reward for good conduct, in an incredibly short space of time recovered its lost morale. I believe Hooker's furlough system to have been a grand hygienic measure. Let a man know that by good conduct he will sooner or later become entitled to a furlough, and he won't be home-sick; neither will he have the incentive to desert."

He concludes as follows:

"But when nostalgic patients in the field cannot be granted furloughs—cannot be laughed out of it, and there is no campaign in progress, they should be kept at work. Idleness is

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"But when nostalgic patients in the field cannot be granted furloughs—cannot be laughed out of it, and there is no campaign in progress, they should be kept at work. Idleness is



a provocative of home sickness. Let the patient be hard at work all day, and he will have a relish for his rations, and will sleep soundly at night, having little time to think of home. If his nostalgia is coëxistent with some other disease, use every endeavor to keep him cheerful, and divert his thoughts from home; but if he is suffering from chronic dysentery, or typho-malarial fever, or is inclined to phthisis, and he becomes decidedly nostalgic, be extremely guarded in your prognosis. The patient will very probably die."

**SENILE DEMENTIA.**—At the end of an elaborate memoir on senile dementia and its difference from general paralysis of the insane, M. Marcé, of the Bicêtre, gives the following conclusions: 1. Senile dementia does not constitute a distinct morbid state. It is an *ensemble* of symptoms connected with various organic affections of the brain, and especially with apoplexy and softening. 2. It consists of two orders of symptoms; some affecting motor power, which is more or less abolished; others affecting the intellect, of which the principal lesion is gradual weakening, to which are superadded as accidents, isolated delirious ideas, or maniacal or melancholic delirium. 3. The disturbances of the motor function are always explained by the existence of organic lesions in the course or at the origin of the motor fibres; while to the impairment of the intellect correspond atrophy of the cerebral convolutions, fatty infiltration and more or less complete obliteration of the capillaries, and atheromatous degeneration of the nerve-cells and tubes. 4. While it offers numerous points of contact with general paralysis, senile dementia may be distinguished from it, in the majority of cases, by clinical signs. In a pathological point of view, both these diseases offer, as a common terminal result, atrophy and fatty degeneration of the nerve-tubes and cells. But, in general paralysis, this atrophy is consecutive to a plastic exudation which, poured out around the capillaries, produces adhesion of the pia mater to the cortical substance, diminishes the calibre of the vessels which it compresses, and thereby presents an obstacle to the circulation of the blood. In senile dementia, on the other hand, the obliteration is a consequence of atheromatous deposits, which are spontaneously produced as a result of advanced age and of a diminution of the assimilative power in the capillaries. These two states, then, differ widely in their nature; one is, if not inflammatory, at least exudative in its origin; the other is an arrest of nutrition.—*Brit. Med. Journal*, from *Gazette Médicale de Paris*.

AMERICAN MEDICAL ASSOCIATION.—The fifteenth annual meeting of the "American Medical Association" will be held in the city of New York, commencing on Tuesday, June 7th, 1864, at 10 A. M.

At the last meeting of the Association, held at Chicago, the following gentlemen were appointed the *Committee on Insanity*: Dr. Ralph Hills, of the Central Lunatic Asylum, Columbus, Ohio; Dr. C. H. Nichols, of the Government Hospital for the Insane, Washington, D. C.; Dr. D. P. Bissell, of Utica, New York; Dr. S. W. Butler, of the Insane Department of the Philadelphia Hospital, Philadelphia, Pa.; Dr. John S. Butler, of the Retreat for the Insane, Hartford, Conn.

MEETING OF THE ASSOCIATION.—The eighteenth annual meeting of "The Association of Medical Superintendents of American Institutions for the Insane," will be held at Willard's Hotel, Washington, D. C., on Tuesday, May 10, 1864, at 10 A. M.

INEBRIATE ASYLUM FOR NEW YORK CITY.—Application has been made to the Legislature, by the Commissioners of Public Charities and Corrections, for authority to establish an Asylum for Inebriates in New York city, in connection with the Alms House department.

A CIRCUMLOCUTION OFFICE.—The habits of vagrants present a subject worthy of the study of a philosopher. How they live, and how they do not live, is a question which no one has as yet attempted to settle. They are persons without any visible means of living, and yet they live to a greater age (according to the vital statistics of the State of Massachusetts) than any other class. Everyone must have occasionally missed a troublesome caller for alms for a considerable period, and then have been surprised to meet again the old familiar face deformed with its usual chronic expression of pain and suffering. It may have excited his curiosity to inquire where this vagrant has a retreat. The records of our Alms-House reveal a curious fact bearing upon this point. In a statement of vagrants and disorderly persons transferred from the city prison to the work-house on Blackwell's Island, during the year 1863, and the number of times they have been previously committed, it appears that there were committed—for the 1st

time, 5,775; 2d time, 649, 3d time, 526; 4th time, 443; 5th time, 286; 6th time, 450; 10th time, 632; 15th time, 40; 20th time, 253; 25th time, 68; 30th time, 152; 40th time, 209; 50th time, 148; 60th time, 167; 100th time, 700. Total, 10,753. 2,328 were males, and 8,425 females. Aggregate number of times committed, 139,057, or twelve times for each.—*American Medical Times.*

**SURGICAL CASES IN THE INSANE.**—Asylum practice not uncommonly yields cases of peculiar interest, even in Surgery. Dr. Bower was good enough to place before me several remarkable illustrations, of which I may note two or three. In one of these cases the patient, a female, aged 43 years, retired one morning to a water-closet, after having secreted about her dress a pair of scissors, and before she could be prevented had time deliberately to make an opening into her own abdomen, draw out some inches of the small intestine, cut the portion drawn out clean off, and throw it away. When Dr. Bower arrived he found two open ends of bowel protruding, and he endeavored to bring them together by sewing their ends while in apposition. This direct object did not succeed; the open ends of the bowel became adherent to the wound in the walls of the abdomen, and an artificial anus was formed in the median line, midway between the umbilicus and pubes, through which the evacuations of the bowels were discharged. To the surprise of all, this woman recovered without a bad symptom, and some time afterwards she was discharged from the asylum cured of her insanity. Later in her life she was actually one day sent from her native place to the asylum either in charge of, or to fetch home, another patient. At that time she remained in bodily and mental health, suffering no further inconvenience than that from wearing a support, and of having to discharge the contents of the bowels through the artificial opening.

A patient was shown to me on the male side who had lost two fingers—the first and second of his hand—down to the second phalanges. The loss was occasioned, not by an accident, but positively from his having himself bitten the fingers off and eaten them. The operation appears to have been done almost unconsciously, and to have given rise to no pain. The wounds closed well, and the stumps are as perfect as if the amputations had been conducted on the most improved surgical method.

A third case was that of a man who suffered from sloughing of the scrotum to such an extent that both testicles were ex-

posed, and were for some weeks clearly dissected out, as it were, and pendant. The patient having improved in general health, the sloughing was arrested, reparation set in, and gradually the testes became invested in new tissue, until, at last, they were surrounded by what seemed like a new scrotum. It would have been difficult to discover, when the cure was completed, that new structure had been formed—the scrotum was so natural.—*Medical Times and Gazette.*

THE WRITINGS OF THE INSANE.—M. Brierre, the distinguished French alienist physician, in a recent communication, makes some interesting observations upon the writing of the insane, in relation to diagnosis and legal medicine. First, the handwriting itself is found to be different in maniacal excitement, monomania, and melancholia. In the first two of these conditions the writings are crowded with capital letters, placed in all parts of the words, which are underlined with excessive frequency. This feature is of importance if observed in those who have already been mad, as indicating a certain return of the malady; and when existing in documents, however carefully these may be otherwise drawn up, it is a proof of the existence or return of disease. Sometimes the letters are filled with flourishes and erasures, and at others they are singularly arranged, consisting in part of fragments, difficult of comprehension, and mingled with cabalistic signs, a kind of hieroglyphics, probably having their signification to the lunatic. In melancholia the words are slowly traced, and are frequently of unequal size and unfinished. Dementia and general paralysis are recognized in the trembling writing, inequality of the lines, graphic signs, the forgetfulness of words or letters, a tiresome repetition of the same expression, incoherence of ideas, and an omission of some of the parts of speech. Remarkable exceptions, however, exist; persons in an advanced state of general paralysis having, in some instances, been able to produce well-written letters to the last. With respect to composition, the letters of lunatics written during the course of their disease, or in the intervals of paroxysms, are sometimes admirable productions, full of reason and healthy sentiments, and well calculated to deceive jurists and the public. At a recent trial for parricide, a letter was produced, in which the passion of love was painted in so simple, touching, and honest a manner, that it was at once pronounced it could not have been the production of a lunatic, until it transpired that the object to whom it was addressed had, two years before, become a wife and a mother, circumstances only

to be forgotten by a madman. In another case, a lady, long the subject of maniacal excitement and nymphomania, addressed letters, models of affection and religious devotion, to her children. In the face of instances like these, great must be the surprise felt at the facility with which magistrates and men of the world pronounce upon the question of lunacy; while those who are constantly in the company of the insane are confounded by these anomalies of the intellect, which remain for them unfathomable mysteries. The general conclusion to be drawn from the above observation is, that the handwriting of the insane may supply useful material for diagnosis, and that it is an entire fallacy to suppose that reasonable letters cannot be written by lunatics.—*Medical Times and Gazette.*

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**DIGITALIS IN THE TREATMENT OF EPILEPSY.**—A young child, not quite two years of age, was brought to Professor Clark's Clinic on the 24th of September last, to be treated for "fits," from which it had suffered for the last twelve months, occurring every three or four weeks—limited to one in a day, though on one day it had seven. The child was nursing; took no other nourishment; its bowels were generally costive. After questioning the mother closely in regard to the symptoms exhibited during the attack, Professor Clark was convinced that the character of the disease was epileptic, or at least epileptoid, as most of the symptoms of epilepsy were manifested in a greater or less degree. Acting upon a suggestion previously made by a medical friend, Professor Clark determined to give the digitalis a trial, and the child was accordingly put upon one drop of the tincture three times a day, with directions to increase the dose gradually as circumstances might indicate. No attack occurred, however, since commencing with the tincture, one drop of which had been taken regularly three times a day until January 14th, when the child was again presented at the Clinic, nearly four months having elapsed since the last attack. The Professor remarked that if this was the result of the treatment, we might well sing the praises of digitalis; but as "one swallow does not make a summer," we cannot well judge from a single case whether the child's present favorable condition is the effect of the remedy administered, or a remarkable coincidence. Other remedies have from time to time been recommended, and been attended with success for a time, and afterwards failed to effect a cure; the sulphate of zinc is one that has borne a high reputation.



Professor Van der Kolk has had some success in the treatment of epilepsy, by applying cupping-glasses with scarification or leeches to the back of the neck, followed by seton or issue, with the view to moderate the exalted sensibility of the medulla oblongata, and prescribing internally the infusion of digitalis with small doses of tartar emetic, if the patient can bear them without nausea, to moderate still further the excited vascular action; but says he never succeeded in curing a case with digitalis alone, though he believes it contributes much towards promoting the cure. Whatever may be our future experience with this remedy, this case of Professor Clark seems of sufficient importance to claim the attention of the profession, and to secure for the digitalis a further trial in the treatment of this troublesome disease.—*American Medical Times*.

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MARRIAGES OF CONSANGUINITY.—M. Seguin denies that marriages of consanguinity have necessarily a tendency to produce diseased offspring. He relates the results of ten marriages which have occurred between his own family and the family of Montgolfier. Eight of these marriages were between cousins-german, and two between uncles and nieces. Between 1812 and 1858, sixty-one children have issued from these unions, of whom forty-six are alive. No case of deaf-and-dumbness, of hydrocephalus, of stuttering, or of six fingers on the hand, has been observed among them. M. Seguin concludes that, when there exists any constitutional tendency to disease in a family, the tendency to its development is increased in the offspring by consanguineous marriage; but that, in alliances between members of a family endowed with a good constitution, there will be augmentation of the vital forces in the offspring. This is, in fact, just what is observed by animals whose breed is improved by man. M. Flourens remarked on the subject, that it is always well to study long before publishing, and that nothing has hitherto been advanced on the subject of consanguineous marriages worthy of serious consideration.—*British Medical Journal*.

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MARRIAGES OF CONSANGUINITY.—M. de Cricq-Cassaux, with a view to refute the arguments lately brought forward to prove the danger of marriages amongst relations, quoted at the last sitting of the Academy of Sciences the example of the ancient kings of Persia, who, since the time of Cambyse, had been in the habit of marrying their sisters, and even their daughters, and yet produced a very fine race.—*Lancet*.

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FOR 1862.

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Insane Hospital, .....	Augusta, .....	Me., ..	State, .....	1840,	Dr. Henry M. Harlow, ..	125	119	268	377	67	24	19	19	45.6	
Asylum for the Insane, .....	Concord, .....	N. H., ..	State, .....	1842,	Dr. J. P. Bancroft, .....	101	85	204	289	30	22	17	16	29.7	
Asylum for the Insane, .....	Brattleboro, .....	Vt., ..	State, .....	1836,	Dr. Wm. H. Rockwell, ..	98	119	442	561	41	16	24	38	41.7	
Insane Hospital, .....	Worcester, .....	Mass., ..	State, .....	1833,	Dr. M. Bemis, .....	221	204	396	600	124	39	7	34	56.1	
				1854,	Dr. C. S. Choate, .....	208	150	421	619	87	12	51	43	42.5	

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Insane Hospital.	Augusta.	Me.	State.	1840.	Dr. Henry M. Harlow.	125	119,258	377	57	24	19	19	45.6			
Asylum for the Insane.	Concord.	N. H.	State.	1842.	Dr. J. P. Bancroft.	101	85,204	289	30	22	17	16	29.7			
Asylum for the Insane.	Brattleboro.	Vt.	State.	1836.	Dr. Wm. H. Rockwell.	98	119,442	561	41	16	24	38	41.7			
Lunatic Hospital.	Worcester.	Mass.	State.	1833.	Dr. M. Bemis.	221	204,396	600	124	39	7	34	53.1			
Lunatic Hospital.	Taunton.	Mass.	State.	1834.	Dr. G. S. C. Choate.	208	150,421	619	87	12	51	43	42.5			
Lunatic Hospital.	Northampton.	Mass.	State.	1836.	Dr. Wm. H. Prince.	82	94,176	270	39	27	10	18	47.5			
McLean Asylum.	Somerville.	Mass.	Corporation.	1818.	Dr. J. E. Tyler.	36	39,132	171	17	7	10	5	47.2			
Butler Hospital for Insane.	Providence.	R. I.	Corporation.	1847.	Dr. I. Ray.	36	39,132	171	17	7	10	5	47.2			
Retreat for the Insane.	Hartford.	Conn.	Corporation.	1824.	Dr. J. S. Butler.	170	160,231	391	72	45	19	15	42.3			
State Lunatic Asylum.	Utica.	N. Y.	State.	1843.	Dr. John P. Gray.	287	305,514	819	106	51	115	30	36.9			
State Asylum for Insane Convicts.	Auburn.	N. Y.	State.	1858.	Dr. C. E. Van Anden.	27	15	81	96	8	3	1	29.6			
Bloomington Asylum.	Manhattanville.	N. Y.	Corporation.	1821.	Dr. T. Brown.	117	111,157	268	48	24	19	20	41.0			
New York City Lunatic Asylum.	Blackwell's Island.	N. Y.	Pauper.	1839.	Dr. M. H. Ranney.	342	281,769	1,147	161	...	97	48.0				
Kings County Lunatic Asylum.	Flatbush.	N. Y.	Pauper.	1855.	Dr. E. R. Chapin.	204	168,366	534	87	42	7	32	42.6			
Brigham Hall.	Canandaigua.	N. Y.	Corporation.	1855.	Drs. Cook and Chapin.	62	61	65	126	18	14	16	6	29.0		
State Lunatic Asylum.	Trenton.	N. J.	State.	1848.	Dr. H. A. Buttolph.	161	170,325	495	88	49	16	17	54.6			
Pennsylvania Hospital for the Insane.	Philadelphia.	Penn.	Corporation.	1842.	Dr. T. S. Kirkbride.	194	164,285	449	90	45	16	13	46.2			
Western Penn. Hospital for the Insane.	Pittsburg.	Penn.	Mixed.	1856.	Dr. Joseph A. Reed.	71	67,114	181	25	30	9	3	35.2			
Pennsylvania State Lunatic Hospital.	Harrisburg.	Penn.	State.	1851.	Dr. John Curwen.	109	122,267	389	34	30	42	16	31.1			
Insane Department, Philadelphia Hospital.	Philadelphia.	Penn.	Pauper.	1851.	Dr. S. W. Butler.	350	352,531	883	126	112	59	55	35.0			
Friends Asylum.	Philadelphia.	Penn.	Corporation.	1817.	Dr. J. H. Worthington.	13	17	56	75	8	4	5	2	61.5		
Maryland Hospital.	Baltimore.	Md.	State.	1834.	Dr. John Fonerdon.	67	66,111	177	43	12	6	5	64.1			
Mount Hope Institution.	Baltimore.	Md.	Mixed.	1842.	Dr. Wm. H. Stokes.	210	179,228	407	87	84	43	15	17.6			
Government Hospital for the Insane.	Washington.	D. C.	United States.	1855.	Dr. Chas. H. Nichols.	357	291,278	569	204	19	...	61	57.1			
Eastern Kentucky Asylum.	Lexington.	Ky.	State.	1824.	Dr. W. S. Chipley.	43	49,431	280	25	...	16	58.1				
Ohio Central Asylum.	Columbus.	Ohio.	State.	1838.	Dr. R. Hills.	157	149,260	409	90	22	24	13	57.3			
Ohio Northern Asylum.	Newburg.	Ohio.	State.	1855.	Dr. O. G. Kendrick.	99	99,141	240	58	7	29	6	68.6			
Ohio Southern Asylum.	Dayton.	Ohio.	State.	1855.	Dr. Richard Gundry.	92	90,161	251	61	11	7	11	66.3			
Longview Asylum.	Longview.	Ohio.	Co. P'n.	1855.	Dr. O. M. Langdon.	138	149,346	495	92	26	...	31	65.2			
Indiana State Hospital.	Indianapolis.	Ind.	State.	1848.	Dr. J. H. Woodburn.	200	202,298	500	114	26	47	14	57.0			
*Michigan State Asylum.	Kalamazoo.	Mich.	State.	1852.	Dr. K. H. Van Deusen.	187	141,155	296	63	25	26	27	83.1			
*Illinois State Hospital.	Jacksonville.	Ill.	State.	1851.	Dr. Andrew McFarland.	386	315,302	617	165	34	...	34	42.6			
California State Asylum.	Stockton.	Cal.	State.	1851.	Dr. W. P. Tilden.	301	215,499	717	92	...	65	30.9				
Wisconsin Hospital for the Insane.	Madison.	Wis.	State.	1860.	Dr. J. P. Clement.	89	61,131	193	25	8	7	21	28.0			
Provincial Lunatic Asylum.	Toronto.	C. W.	Provincial.	1841.	Dr. Joseph Workman.	94	76,414	490	...	...	...	25	...			
Orillia Branch Lunatic Asylum.	Orillia.	C. W.	Provincial.	1861.	Dr. F. Ardagh.	83	2,123	128	...	...	...	1	2	...		
Malden Lunatic Asylum.	Amherstburg.	C. W.	Provincial.	1361.	Dr. A. Fisher.	34	18,218	236	5	1	1	11	14.7			
Provincial Lunatic Asylum.	St. Johns.	N. B.	Provincial.	...	Dr. H. Howard.	34	17	57	78	17	...	4	50.0			
Rockwood Lunatic Asylum.	Kingston.	C. W.	Provincial.	...	Dr. J. P. Litchfield.	...	...	103	...	...	...	...	...			
Provincial Hospital for the Insane.	Halifax.	N. S.	Provincial.	1858.	Dr. J. R. DeWolf.	43	30,130	160	15	8	...	6	34.8			

\* Statistics for two years.

The above Table does not include the Statistics of Asylums in States now in rebellion.



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Lunatic Hospital,.....	Northampton,.....	Mass.,.....	State,.....	1858,.....	Dr. Wm. H. Prince,...	.....	.....	.....	.....	.....	.....	.....	.....	.....
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Western Penn. Hospital for the Insane,.....	Pittsburgh,.....	Penn.,.....	Mixed,.....	1856,.....	Dr. Joseph A. Reed,...	71	67	114	181	95	30	9	3	35.2
Pennsylvania State Lunatic Hospital,.....	Harrisburg,.....	Penn.,.....	State,.....	1851,.....	Dr. John Curwen,...	109	122	267	389	34	30	42	16	31.1
Insane Department, Philadelphia Hospital,.....	Philadelphia,.....	Penn.,.....	Pauper,.....	.....	Dr. S. W. Butler,...	360	352	531	883	126	112	59	55	35.0
Friends Asylum,.....	Philadelphia,.....	Penn.,.....	Corporation,.....	1817,.....	Dr. J. H. Worthington,...	13	17	56	75	8	4	5	2	61.5
Maryland Hospital,.....	Baltimore,.....	Md.,.....	State,.....	1834,.....	Dr. John Fonerdon,...	67	66	111	177	43	12	6	5	64.1
Mount Hope Institution,.....	Baltimore,.....	Md.,.....	Mixed,.....	1842,.....	Dr. Wm. H. Stokes,...	210	179	298	407	37	84	43	15	17.6
Government Hospital for the Insane,.....	Washington,.....	D. C.,.....	United States,.....	1855,.....	Dr. Chas. H. Nichols,...	357	291	218	569	204	19	.....	61	57.1
Eastern Kentucky Asylum,.....	Lexington,.....	Ky.,.....	State,.....	1824,.....	Dr. W. S. Chipley,...	43	49	231	280	29	.....	16	58.1	
Ohio Central Asylum,.....	Columbus,.....	Ohio,.....	State,.....	1838,.....	Dr. R. Hilla,.....	157	149	260	409	90	22	24	13	57.3
Ohio Southern Asylum,.....	Newburg,.....	Ohio,.....	State,.....	1853,.....	Dr. O. G. Kendrick,...	99	99	141	240	58	7	29	6	58.6
Ohio Southern Asylum,.....	Dayton,.....	Ohio,.....	State,.....	1856,.....	Dr. Richard Gundry,...	92	90	161	251	61	11	7	11	66.3
Longview Asylum,.....	Longview,.....	Ohio,.....	Co. P'n.,.....	1853,.....	Dr. O. M. Langdon,...	138	149	346	495	92	25	.....	31	65.2
Indiana State Hospital,.....	Indianapolis,.....	Ind.,.....	State,.....	1848,.....	Dr. J. H. Woodburn,...	200	202	298	500	114	25	47	14	57.0
*Michigan State Asylum,.....	Kalamazoo,.....	Mich.,.....	State,.....	1859,.....	Dr. E. H. Van Deusen,...	187	141	155	296	63	25	26	27	33.1
*Illinois State Hospital,.....	Jacksonville,.....	Ill.,.....	State,.....	1851,.....	Dr. Andrew McFarland,...	386	315	302	617	165	34	.....	34	42.6
California State Asylum,.....	Stockton,.....	Cal.,.....	State,.....	1851,.....	Dr. W. P. Tilden,...	301	215	499	717	92	.....	65	30.9	
Wisconsin Hospital for the Insane,.....	Madison,.....	Wis.,.....	State,.....	1860,.....	Dr. J. P. Clement,...	89	61	131	193	25	8	7	21	28.0
Provincial Lunatic Asylum,.....	Toronto,.....	C. W.,.....	Provincial,.....	1841,.....	Dr. Joseph Workman,...	94	76	414	490	.....	.....	.....	25	.....
Orillia Branch Lunatic Asylum,.....	Orillia,.....	C. W.,.....	Provincial,.....	1861,.....	Dr. F. Ardagh,.....	83	2123	128	.....	.....	.....	1	2	.....
Malden Lunatic Asylum,.....	Amherstburg,.....	C. W.,.....	Provincial,.....	1861,.....	Dr. A. Fisher,.....	34	18	218	236	5	1	11	14	7
Provincial Lunatic Asylum,.....	St. Johns,.....	N. B.,.....	Provincial,.....	.....	Dr. H. Howard,.....	34	17	57	78	17	.....	4	50.0	
Rockwood Lunatic Asylum,.....	Kingston,.....	C. W.,.....	Provincial,.....	.....	Dr. J. P. Litchfield,...	.....	.....	103	.....	.....	.....	.....	.....	.....
Provincial Hospital for the Insane,.....	Halifax,.....	N. S.,.....	Provincial,.....	1858,.....	Dr. J. R. DeWolf,...	43	30	130	160	15	8	.....	5	34.8

\* Statistics for two years.

The above Table does not include the Statistics of Asylums in States now in rebellion.